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ORIGINAL LECTURES.

PLEURITIS HÆMORRHAGICA TUBERCULOSA WITH PURPURA HÆMORRHAGICA.

A Clinical Lecture, delivered at the General Hospital, Vienna.

BY PROF. HERMANN NOTHNAGEL.

(Reported by J. P. CROZER GRIFFITH, M.D., of Philadelphia.)

GENTLEMEN: The patient [who has been previously questioned before the class] complains of shortness of breath, weakness, and cough accompanied by expectoration. He says he feels tired and languid, and, as you notice, he is so very hoarse that he is almost unable to speak. We will now hear the clinical history.

"The patient is a baker, aged twenty-one years. His father died of some lung affection, but with this exception his family history is good. For several years past he has had a cough, which has been gradually getting worse, and which is accompanied by a little mucous expectoration. Five weeks ago he became very hoarse and short of breath, but he had no chill. He found, too, that he was unable to lie on his right side, and his appetite became bad. He declares that he has never spit blood."

Now we must remember that both bakers and millers are very liable to suffer from cough induced by the dust which they inhale. This may finally lead on to bronchial catarrh, and even to tuberculosis.

Proceeding to the examination of the case before us, we find the mental faculties unaffected, and that there is no headache, but we notice a high degree of pallor of the face. The gums and conjunctivæ are pale; the lips pale and cyanotic. The bony framework is of moderate strength, and the muscular system tolerably well developed. The hands and arms are pale, and on the latter we notice an eruption of acne, and, in addition to this, a number of small subdermal hemorrhages. The pulse beats 120 in the minute, is soft, moderately full, and with tension below normal. The frequency of the respiration is 46 per minute. On the legs there is no dropsy, but we observe a great number of the same small hemorrhages. The same is true of the thighs. Larger siccations in the muscles can nowhere be found. The skin on the trunk is pale and dry, and we see that the patient has fever. His temperature this morning was 100.5° F.; the maximum it has reached at any time is 103.1° F. What then is the chief thing we notice? A high grade of pallor. Yet in spite of this we find a well-developed panniculus adiposus and muscular system.

Now, in inanition and the attending anæmia there occurs a wasting of both muscular and adipose tissue. Whenever we have extreme anæmia without emaciation, the cause must be either: 1. A direct loss of blood; or, 2. A disease of the blood.

We will now examine the respiratory apparatus, to see whether we can there find any cause for the present

condition. A laryngoscopic examination has already been made, and revealed only a general redness and swelling of the mucous membrane of the larynx. The thorax is of moderate length, broad, somewhat shallow, but well developed. The respiratory movement is not alike on the two sides; on the contrary, we observe that on the left it is much greater than on the right.

Upon percussion in the *mammillary line* we find the sound in the supraclavicular fossa on the right side somewhat deeper than on the left; over the clavicle alike on both sides; in the right infraclavicular fossa again deeper and louder. In the second intercostal space, left, we get a normal tone, right, a deeper, louder, and fuller one. Now, completing the percussion in the mammillary line left, we find the sounds everywhere normal. On the right side, however, in the third intercostal space, the note is abnormally deep; over the third rib we get a dullness; and as we percuss downwards we find this continuous and increasing.

In the *axillary line* the right side exhibits a marked dullness from the axilla downwards, while the left gives a normal sound. Posteriorly, in the left suprascapular region, the sound is normal; in the right it is louder and fuller. In the interscapular region, and elsewhere over the posterior portion of the chest, the right side is everywhere duller than the left.

What have we now ascertained?

1st. That there is a dullness over the right side, beginning anteriorly at the third rib, and posteriorly at the upper part of the interscapular space.

2d. That this dullness increases in intensity as we percuss downwards.

3d. That there is an abnormally loud and deep percussion note over the upper portion of the affected side. This last is due to the increased tension of the lung, and all together indicate the existence of a pleuritic effusion.

Proceeding now with auscultation, we find everywhere on the left side puerile respiration. On the right side, as far as the second intercostal space, the respiration is weak and vesicular, but with prolonged expiration. In the third intercostal space it is bronchial, but soft, and is accompanied by fine mucous râles, and below this point it continues soft, weak, and bronchial. Thus the auscultatory signs also indicate an effusion into the pleural cavity, and there is, in fact, no doubt that this exists. But we must again consider the pallor, for we have seen together up to to-day but one other case of pleuritic effusion so pale. That was, you remember, a patient with empyema, who was, moreover, much emaciated. What is here the nature of the effusion, and what causes the pallor? We will examine the rest of the body, in the hope of finding there some cause.

The tongue trembles when it is protruded. It is damp and not coated. The heart's impulse is weak, and the apex-beat to be felt most distinctly in the fifth intercostal space in the mammary line. This shows

that it has been displaced by the effusion somewhat towards the left. The valvular sounds are clear, and no murmurs or *bruit de diable* are to be heard in either the heart or vessels. The abdomen is soft and its percussion sounds normal. The liver is slightly displaced by the pressure of the fluid in the pleural cavity. The spleen cannot be felt, nor does percussion show it to be enlarged, and we cannot, therefore, entertain the thought of leucæmia. The urine is lessened in quantity; its specific gravity is 1026, and its color yellow. We test it and find it intensely acid. You see the sediment in it, which is composed of urates, and you see also, as I test it, that it contains no albumen, in spite of the presence of fever. The stools are normal in frequency and quality. Have we now found a cause for the pallor? Not yet; and we must look at the blood. [Examines a drop under the microscope.] The white blood-corpuscles are but slightly increased in number, and the red are altered neither in quantity nor quality. Therefore, from this source we learn nothing. There is now but one method left us, and that is to examine the effused fluid. First let us consider certain points in differential diagnosis.

When a patient with a pleuritic effusion has no fever, the fluid is, as a rule, serous. When, however, long-continued fever is present, it consists generally of either pus or blood. But we may have blood or pus in the pleural cavity, and no fever, as occurs in the case of the hemorrhagic effusion accompanying carcinoma of the pleura; and we can also have a clear serous fluid and yet fever may be present. So we see that from the temperature alone we cannot diagnosticate the nature of the fluid.

Great stress is laid by some authorities on the fact that when we find, in addition to the pleuritic effusion, evidences of carcinoma, tuberculosis, or scorbutus, the exudate is probably hemorrhagic. By some, too, the color of the skin is considered an important diagnostic sign. Namely, that when a patient with a pleuritic effusion has exhibited a rapid paling of the skin, the fluid consists of either pus or blood.

Others claim that the presence of œdema of the skin is a sign that the exudate is purulent. This œdema can occur, of course, in numerous diseases, such as abscesses, diseases of the kidneys, etc.

Two questions arise here: First, can œdema be absent in cases of purulent effusion; and, second, can œdema accompany ordinary serous effusion? And the answer to both, it must be admitted, is, "Yes, under certain conditions."

Then importance is given by some to the alteration of the voice, namely, that the presence of a hoarse, hollow voice, such as we hear in this case, indicates that the fluid is probably purulent.

Some of these different diagnostic signs are not without weight, and we conclude that when in any case of pleuritic effusion we have unmistakable evidences of carcinoma, tuberculosis, or scorbutus, a rapid paling of the surface of the body, and œdema of the skin, the exudate is probably, but not necessarily, either purulent or hemorrhagic.

We will now try the "puncture test" with the hypodermic syringe, and settle the matter finally. You see that the fluid consists of blood; that is, we have a hemorrhagic effusion. Now we know why the patient is so

pale. There is probably a large quantity of blood in the pleural cavity.

Our next question is: "Why is the exudate bloody?" A hemorrhagic pleuritic effusion can occur in an otherwise healthy person as the result of *trauma*. When no such cause exists it is usually due to either

1. Tuberculosis.
2. Carcinoma or sarcoma.
3. Diseases of the hemorrhagic diathesis, as:
 - (a) Scorbutus,
 - (b) Purpura hæmorrhagica,
 - (c) Hæmatophilia,
 - (d) Pernicious anæmia,
 - (e) Icterus.

Which is it in this case?

The patient has no signs of tuberculosis in the left lung. In the upper portion of the right lung we hear some moist crackling râles, but these are a common accompaniment of pleuritic effusion. Indeed, under the existing conditions, it is exceedingly difficult to determine whether or not tuberculosis be present. The sputum is muco-purulent, contains but little blood, and is slightly putrid. Microscopical examination has discovered no tubercle bacilli.

You notice the purple spots in the skin of the arms and legs. These slight hemorrhages are characteristic of purpura hæmorrhagica. Their nature indicates that they are not due to scorbutus, for they are not large enough, and there are, moreover, no accompanying hemorrhages into the muscles. When you have but a single isolated case, and no previous history to indicate that it is probably that disease, you cannot be justified in diagnosing scorbutus unless you find the affection of the gums. Look at them in this case. You see none of the characteristic swelling and ulceration seen in that disorder.

The patient has no tendency to bleed from other parts of the body; therefore, hæmatophilia is out of the question. So also are icterus and pernicious anæmia. There remain to us, therefore, as possible causes of the hemorrhagic effusion, carcinoma or sarcoma of the pleura, and purpura hæmorrhagica. Sarcoma or carcinoma are probably not present. Primary carcinoma of the pleura occurs but seldom, and then, too, the patient would be emaciated as well as pale. Therefore, taking everything into consideration, we think that the patient is suffering from purpura hæmorrhagica, and that this has predisposed to the hemorrhage into the pleural cavity. The prognosis is, of course, unfavorable.

In regard to the therapeutics, Would you aspirate in this case? No; only when the effusion becomes so great that aspiration is a necessity. *Do not give iron.* You must never give iron to a patient with fever; and the same rule applies to cod-liver oil. All we can do here is to employ cold externally, and to administer nourishing food and stimulants.

POSTSCRIPT (three days later).—I have just attended the autopsy of the patient we had before us three days ago. You remember that the left lung showed no signs of disease, and that the presence of fluid in the right pleural cavity rendered it impossible to ascertain whether or not the lung of this side was affected. The sputum, moreover, contained no tubercle bacilli. We, therefore, concluded finally that the disease was one of the disorders of the hemorrhagic diathesis, viz., pur-

pura hæmorrhagica, as proved by the small hemorrhages in the skin.

The autopsy confirmed this, but revealed also another disorder in addition to it. We found an old and healed tuberculosis of the lungs, and, arising from this source, an acute miliary tuberculosis of the pleura, producing the hemorrhagic effusion. The pleura was covered with miliary tubercles and fibrin, and its cavity filled with dark red clots. The left lung exhibited some old cicatrices, and the right several similar but smaller ones. This condition could not, of course, have been detected during the life of the patient. Our revised diagnosis must be, then, "pleuritis hæmorrhagica tuberculosa."

In the ileum we found two small tubercular ulcers with extensive ecchymotic surroundings—another example of the tendency to hemorrhage.

This case is an unusual one, in that the acute eruption of tubercles was almost purely local. It is also of very rare occurrence that without any affection of the lung we find such a large hemorrhage into the pleural cavity.

ORIGINAL ARTICLES.

TWO OVARIOTOMIES IN THE SAME PATIENT.¹

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THE kindness of Prof. Schœnborn, of Königsberg, permits me to lay before you the complete clinical history of a patient upon whom laparotomy was twice performed for ovarian disease. The first operation was made by Schœnborn in 1880, the second by myself in 1884.

M. A., aged 24, married, was admitted into the surgical clinic of Königsberg, July 7, 1880. Her father died of some pulmonary affection. Mother and two younger sisters living and in good health. Two sisters and a brother died in childhood from causes unknown to the patient. Until her marriage, five years ago, the patient was in perfect health. Soon after marriage irregularities of menstruation supervened. The menstrual flow would appear at intervals of eight to ten days and continue for a like period. Three and half years after her marriage, the menses disappeared for seven weeks, when, after reappearing irregularly for a short time, they ceased entirely. During the last four years the patient has been conscious of an unpleasant sensation in her abdomen, but until lately has not suffered any pain. Eighteen months ago she discovered an abdominal tumor which has gradually increased in size. In the last few months the pain has been of sufficient severity to confine her to bed for a week at a time. Patient has never been pregnant.

Status præsens: Patient presents a robust appearance and is well nourished. Thoracic organs normal. The abdomen is distended by a uniform swelling which extends further towards the right side than the

left. The integument is somewhat taut; linea alba not pigmented. The greatest measurement of the abdomen is two inches below the umbilicus, where the girth measures thirty-six and a half inches. Other measurements of the abdomen are: eight and a half inches from umbilicus to anterior superior spinous process; eight and a half inches from the symphysis pubis to the umbilicus, and seven inches from the latter to the ensiform cartilage. Palpation reveals the presence of a firm and slightly uneven tumor, on the left aspect of which a number of prominences can be felt. Immediately above the symphysis a small portion of it can be grasped by the hand and moved from side to side on the rest of the growth. Vaginal examination does not reveal the presence of a growth. In a bimanual exploration the fingers can be felt moving upon each other, the flattened cervix uteri intervening between them. The sound enters the cervix readily, but can be pushed into the body only by greatly depressing the handle of the instrument.

Diagnosis: Abdominal tumor.

The operation, July 28, 1880, was made under a spray of salicylic acid. After the surface of the abdomen had been thoroughly cleansed, an incision was made in the linea alba from above the umbilicus to the symphysis. After the hemorrhage was checked, the peritoneum was divided on a grooved director. The smooth surface of the tumor, presenting a number of very large veins, was thus exposed, and the absence of adhesions was established by the introduction of the hand. The tumor sprang from the right ovary. Since fluctuation could not be detected at any part, the use of the trocar was dispensed with and the tumor drawn through the wound and its pedicle was caught in a clamp. After the tumor was cut away, the pedicle was tied with silk ligatures and returned to the abdominal cavity. It was now observed that the left ovary was somewhat enlarged. The toilette of the peritoneum having been completed, a drainage-tube was inserted into the lower angle of the wound. This was closed by six quilled sutures which included the peritoneum and twenty superficial sutures. Lister dressing.

29th.—Patient complains of pain in the abdomen for which ten drops of tinct. opii were given. Catheterization resorted to.

30th.—Vomited twice during the night and repeatedly during the day. Pain in abdomen increased. Hypodermic injection of morphia at night.

31st.—Vomited once during the night. Pain continues unabated. Treatment continued.

August 2.—Vomiting has ceased and pain diminished. To the left of the wound, the abdomen is quite sensitive to pressure. Pulse 128, temperature 104.6°. The drainage-tube which, contained an admixture of blood and pus, was withdrawn. All the deep and seven superficial sutures were removed. The Lister dressing was reapplied and treatment was continued.

6th.—The dressing was changed and the remaining sutures were removed. The wound gapes in its upper and middle thirds, and a considerable quantity of pus escapes through the punctures made by the needle. The margins of the wound are approximated by strips of adhesive plaster. The Lister dressing is substi-

¹ Read before the Section in Surgery, American Medical Association, April 29, 1885.

tuted by one of cotton batting. From this date the condition of the patient gradually improved, and she was discharged from the hospital on the 8th of September, cured. The following is the anatomical description of the tumor as given by Prof. Baumgarten. "The tumor, somewhat larger than an adult head, is globular in shape. Its surface is smooth, and on one side the normal tube is attached. A section reveals it to be an almost solid mass from which, as from an opened honeycomb, there oozes from innumerable orifices a thick grayish-white secretion. Microscopic examination shows that the tumor consists of cysts, for the most part microscopic in size, the walls of which are covered by a single layer of cylindrical epithelium and are filled by mucoid masses."

About two months after the patient left the hospital at Königsberg, she began to menstruate, and there has been no interruption to the catamenial flow since. In 1881 she came to this country, and remained well until the summer of '84. In the spring of the previous year she discovered a distinct abdominal swelling which slowly increased in size. From time to time severe abdominal pains, associated with febrile attacks, supervened, for which the patient sought relief in bed. While these attacks lasted, the patient suffered greatly from vesical and rectal tenesmus. When I saw the patient in October, 1884, she presented the following condition: "Rather robust woman, apparently in fair health. Examination of the thoracic viscera gives negative results. The abdomen presents evidences of the first laparotomy. Over a surface two inches in width and extending from a point three inches below the ensiform cartilage to the pubic symphysis, the abdominal wall is greatly attenuated, and has the appearance of cicatricial tissue. Two inches above the pubes a firm ovoid body an inch in width and of somewhat greater length is felt to be loosely attached to the cicatrix. Through the latter the smooth surface of a tumor is readily recognized, and the absence of adhesions established. The tumor is central, and the abdomen presents a 'dome-like' appearance. Its measurement a little below the umbilicus is forty-two inches. Percussion of the abdomen yields a dull note except in the epigastric and lumbar regions, where the intestinal percussion sound is elicited. On deep palpation an indistinct sense of fluctuation is experienced. Vaginal examination shows the cervix high up and almost out of reach. In the posterior cul-de-sac, more pronounced on the left, the vaginal wall is bulged downwards by an elastic swelling which is unconnected with the uterus, and by bimanual examination is shown to be a part of the abdominal tumor. By greatly depressing its handle the sound can be introduced into the uterus about two inches." In view of the history of the case, and the physical signs presented, the diagnosis of multilocular ovarian cyst with extensive pelvic adhesions was made, and an operation advised. This was performed Nov. 19th, one week after the cessation of a menstrual period. Drs. Palmer, Krouse, Wilder, and McKee were present, and rendered most valuable assistance.

Owing to the great width of the cicatrix, the incision was made in the median line from a point two

inches below the umbilicus to a point equally distant from the symphysis. This incision was a little over four inches in length, and was attended by very little hemorrhage. When the peritoneum was divided the anterior surface of the tumor was exposed to view and presented the typical grayish color and glistening appearance of the multilocular cyst. The hand being introduced into the abdomen, the absence of anterior and lateral parietal adhesions was established. The tapping of the cyst was followed by the escape of a pailful of thick ropy chocolate-colored substance, but to permit the withdrawal of the tumor it was necessary to enlarge the incision. When the pedicle was looked for, none could be found. The floor of the sac was so firmly adherent to the rectum, the body of the uterus and left side of the abdominal wall above the latter that a separation of these adhesions was wholly out of the range of possibility. No trace of the pedicle of the right ovary was discoverable. The peritoneal surface of the anterior abdominal wall from the umbilicus downwards had lost its glistening appearance, appearing roughened and mammillated. In view of the extensive pelvic attachments, it was decided to sew a portion of the cyst into the abdominal wound.

After thoroughly cleansing the peritoneal cavity, the basal portion of the cyst was fixed in the lower three inches of the wound by ten silver wire sutures, which were made to include an inch of parietal and cyst wall, and by a like number of superficial sutures of catgut. The extruded portion of the tumor was then removed with the thermo-cautery, and the upper portion of the abdominal wound closed. To prevent the formation of a fistula from the small part of the cyst retained, its surface was everywhere touched with the thermo-cautery. A glass drainage-tube being then inserted, and the wound covered with boracic acid, an iodoform gauze dressing was applied. Time of operation, fifty minutes.

The patient rallied from the ether without vomiting, and in the evening the temperature was normal, and pulse 96. A hypodermic injection of morphia was administered.

Nov. 20.—During the night severe pain in the abdomen supervened. The dressing is saturated with a fluid similar to the contents of the cyst. No point of tenderness. Morning temperature 100.6°; evening temperature 101.6°; pulse 120.

21st.—Passed a fair night under the influence of an anodyne. Has taken considerable milk and champagne. Abdomen very much distended and tympanitic, but not tender. Morning temperature 101.5°; evening temperature 104°. Dressing changed and peritoneal cavity washed out with a saturated solution of boracic acid.

22d.—Patient complains of an intense desire to evacuate the bowels. Is menstruating. When the dressing was removed, it was noticed that the discharge was becoming purulent, and that large shreds of gangrenous tissue were separating from the retained portion of the cyst wall. Tympanitic distention unchanged. Morning temperature 101°; evening temperature 105.5°.

23d.—Menstruation continues. The dressing is saturated with a profuse purulent discharge. Drain-

age-tube temporarily removed and large sloughs removed from the wound by irrigation. Morning temperature 100°; evening temperature 100.5°.

25th.—The abdomen is still distended, and patient complains of some pain. Condition of the wound improved. The sloughs have all become detached, and the wound is covered with healthy granulations. Morning temperature 99°; evening temperature 99.5°.

27th.—Menstruation has ceased. A copious evacuation of the bowels followed the administration of an enema.

From this time forward the patient gradually improved for two weeks when a rise in temperature, an increased pulse-rate and marked pain supervened. On examination of the abdomen an indistinct induration to the left of the wound was discovered. On the 14th of December, fluctuation was quite apparent, and twelve ounces of creamy pus were removed with an aspirator. The benefit derived from this was temporary. Reaccumulation of pus in quantity sufficient to be felt by vaginal examination took place, for the relief of which a free incision was made through the abdominal wound. From this time on, the patient rapidly recovered, and was discharged from the hospital ten weeks after the operation. The wound has now been completely closed for three months, and the patient is enabled to perform ordinary household duties. Since the operation the catamenial flow has appeared four times, each period lasting from three to five days.

This case, which I have taken the liberty to present, opens for discussion three questions of considerable importance. They are the comparative frequency of cystic disease in both ovaries, the advisability of performing double ovariectomy when the disease in one gland is but little developed, and the method of treating the cyst by suture to the abdominal wall after more or less of it has been excised.

The observations of Scanzoni based on post-mortem examinations, that in fifty per cent. of cases both ovaries are affected, is not verified by the clinical experience of most operators. In 366 operations for the removal of ovarian growths witnessed by Doran, the tumor involved both ovaries in 48, and in 20 other cases, "suspiciously enlarged" ovaries were removed after the tumor had been cut away. Thus in 18 per cent. of his cases both ovaries were affected. In 132 ovariectomies Goodell found it necessary to remove both ovaries in 50 per cent. of all cases. In 293, 101, 229, and 56, and 1000 operations made respectively by Koeberlé, Tait, Keith, Olshausen and Spencer Wells, double ovariectomy was necessary in 37, 27, 13, 9 and 82. While according to the experience of Wells both ovaries must be removed in 8 per cent. of all cases, according to that of others double ovariectomy is indicated in 16 per cent. of all cases. An examination of these statistics likewise shows that different operators are far from agreed as to what constitutes sufficient disease in the second ovary to call for its removal. It must be remembered, in this connection, that the removal of the second ovary adds very much to the danger of the operation. While from single ovariectomies, Wells and Koeberlé show a mortality of 22 per cent., the former in 82 double ovariectomies has lost 34 per cent., whereas,

51 per cent. of those operated on by Koeberlé for bilateral ovarian disease have died.

In view of these facts, and the youth and conjugal relations of many of these patients, a question as to the propriety of removing both ovaries at one operation may be raised. Unless the less diseased gland be the seat of quite marked multilocular cystic degeneration, it would probably be better in many cases to leave it undisturbed, or to empty the cysts of their contents. This was practised by Wells in a girl of 19, from whom he had removed the right ovary. "The left ovary was enlarged to nearly double the normal size. Two follicles, about the size of cherries, were distended by clot. These I laid open, turning out their contents. It seemed hard to unsex a girl of 19, and, if the disease should progress, a second ovariectomy could still be done. This operation was performed in November, 1864. After her marriage the patient gave birth to four children, and when last heard from, in 1881, she continued in good health." The certainty of sterilizing a woman by double ovariectomy should make us hesitate to perform it on young persons. In thirty-two cases which I was enabled to collect in which the operation was twice performed on the same patient, children were borne by five of the cases. The aggregate number of children born between the two operations was fourteen. In one of Atlee's cases the patient was delivered of a child, although the interval between the two operations was only sixteen months.

Another important factor that should incline the operator to conservatism in dealing with a slightly diseased second ovary is the small mortality attending second ovariectomies. Of thirty-two cases, only five, or 15.6 per cent., terminated fatally. If the case of Mears, which died two months after the second operation from an independent affection of the liver, be excluded from the fatal cases the mortality from second ovariectomies is reduced to 12.5 per cent. In view, therefore, of the greater danger of double ovariectomy, and the lesser mortality of the second operations, it seems plain that the former procedure should be refrained from except in women approaching the climacteric, and unless the disease in the second ovary be quite pronounced.

From an examination of the subjoined table a rather satisfactory idea of the rapidity with which disease develops in the remaining ovary is obtained. Of thirty cases in which the interval between the two operations is noted, the disease reappeared in the second ovary to an extent sufficient to warrant a second operation, fourteen times in less than five years, and sixteen times after the lapse of that period. In seven cases a second operation became necessary in less than two years, and in three cases in less than a year. On the other hand, in six cases an interval of ten years or more existed between the two operations. In four of the recorded cases menstruation continued after the second operation.

The method of treating the cyst by sewing the small part which could not be removed into the abdominal wound is the feature of greatest practical importance in the case presented. It is almost needless to observe that this plan was adopted through necessity, and not through choice. A separation of

No. of case.	Name of first operator and date of operation.	Interval between operations and number of births.	Name of second operator and date of operation.	Age at second operation.	Result.	Menstruation.	References.
1	Ch. Clay. October, 1846.	15 years. 5 children.	W. L. Atlee. October, 1861.	40	Recovery.	Menstruated before and after second operation.	Atlee, Diagnosis, etc.
2	W. L. Atlee. October, 1857.	7 years. Sterile.	W. L. Atlee. November, 1864.	34	Recovery.	Menstruated regularly.	Ibid.
3	W. L. Atlee. October, 1862.	16 months. 1 child.	W. L. Atlee. February, 1864.		Recovery.		Ibid.
4	Boinet. August, 1868.	10 months.	Boinet. June, 1869.		Recovery.	Menstruation continued.	Gaz. des Hôp., 1869, No. 115.
5	Boinet.		Boinet.		Death.		Koeberlé, Ovariectomie Nouv. Dic. des Sc. Méd., t. 25.
6	Baker Brown. May, 1862.	6 months.	Spencer Wells. January, 1863.	42	Death.		Spencer Wells, Dis. of Ovary. 1882.
7	Spencer Wells. February, 1865.	18 months. Single.	Spencer Wells. August, 1866.	25	Recovery.		Ibid.
8	Spencer Wells. December, 1861.	6 years. Single.	Spencer Wells. February, 1868.	58	Recovery.		Ibid.
9	Spencer Wells. June, 1862.	7 years. 3 children.	Spencer Wells. June, 1869.	35	Death in 66 hours.		Ibid.
10	Spencer Wells. February, 1873.	16 months. Single.	Spencer Wells. June, 1874.	32	Recovery.		Ibid.
11	Spencer Wells. May, 1870.	5 years. Single.	Spencer Wells. June, 1875.	32	Recovery.		Ibid.
12	Spencer Wells. April, 1873.	3½ years. Single.	Spencer Wells. July, 1876.	23	Recovery.		Ibid.
13	Spencer Wells. May, 1869.	7 years. Married.	Spencer Wells. July, 1876.	45	Recovery.		Ibid.
14	Spencer Wells. October, 1872.	4 years. Married.	Spencer Wells. November, 1876.	41	Recovery.		Ibid.
15	Spencer Wells. December, 1865.	11 years. Married.	Spencer Wells. December, 1876.	46	Recovery.		Ibid.
16	Spencer Wells. May, 1870.	8 years. Married.	Spencer Wells. February, 1878.	61	Recovery.		Ibid.
17	Spencer Wells. May, 1875.	5 years. Married.	Spencer Wells. June, 1880.	54	Recovery.		Ibid.
18	Spencer Wells. August, 1876.	5 years. Married.	Spencer Wells. November, 1881.	50	Recovery.		Ibid.
19	Miller. October, 1866.	4½ years. Single.	Caswell. May, 1871.	50	Recovery.		N. Y. Med. Record, vi. p. 294.
20	Krauel. July, 1850.	25 years. 3 children.	Schatz. May, 1875.	51	Recovery.		Arch. f. Gynäkol., Bd. ix. S. 487.
21	Potter. April, 1858.	17 months.	Potter. September, 1859.		Recovery.		N. Y. Med. Record, 1867. p. 70.
22	Th. Keith. 1863.	10 years.	Th. Keith. 1873.	70	Recovery.		Brit. Med. Journ., 1875, I. p. 836.
23	V. Dumreicher. July, 1877.	5 months.	V. Dumreicher. December, 1877.	18	Recovery.		Med. Wochenschr., 1872. No. 2.
24	Goodell. 1879.	5 years.	Goodell. December, 1874.		Death.		THE MEDICAL NEWS, March 21, 1885.
25	J. E. Mears.	13 years. Single.	J. E. Mears. Complicated by fatty liver.	38	Death two months after operation.		Bost. Med. and Surg. Journ., 107, p. 609, and personal communication.
26	C. H. Carter.	3½ years.	C. H. Carter.	36	Recovery.		Lancet, 1883, I, p. 1038.
27	W. L. Atlee. September, 1872.	3½ years. 2 children.	T. M. Drysdale. February, 1881.	39	Recovery.		Amer. Journ. of Obstet., 14. p. 901.
28	W. L. Atlee. December, 1863.	18 years.	T. M. Drysdale. May, 1881.	65	Recovery.		Ibid.
29	Bantock. 1878.	3 years.	Bantock. February, 1881.	52	Recovery.		Quoted by Doran, Tumors of Ovary, 1884, p. 135.
30	Alex. Dunlap.	3 years.	Alex. Dunlap.	25	Recovery.		Personal communication.
31	Alex. Dunlap.	5 years.	Alex. Dunlap.	31	Recovery.		Personal communication.
32	Schonborn.	4 years.	Ransohoff.	29	Recovery.	Menstruation continued	

the pelvic adhesions would have involved the integrity of the uterus, ureter, and rectum, and would, with little doubt, have been followed by a speedily fatal issue. It is remarkable, therefore, that while this substitute for ovariectomy has been performed a considerable number of times, and is recommended by Mueller, Schroeder, Pernice, and Rheinstaedter, English and American writers have given it little or no consideration. Of incomplete operations, it is manifestly the most perfect that can be devised, being particularly adapted to cases of broad pelvic adhesions. By closely uniting the remaining portion of the cyst-wall to the lower part of the abdominal wound, the drainage of the peritoneal cavity is not interfered with, and the lining membrane of the cyst-wall is treated extraperitoneally. The most potent arguments against the procedure, for which I would venture to suggest the term "ventro-cystorrhaphy," to distinguish it from other incomplete operations, are, that there is danger of recurrence of the disease, or that the profuseness of the discharge or its long continuance leads to a fatal exhaustion. While experience has shown that these results sometimes follow, it appears to me that they can generally be averted by freely incising the secondary cysts which remain, and by destroying their secreting surfaces by the free use of the thermo-cautery; thereby the cyst-wall will be speedily converted into a healthy granulating wound, which cicatrizes with the rapidity and permanence of ordinary wounds.

ON THE VALUE OF A PROPER RESPIRATORY DIET IN PHTHISIS.

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AMID the conflicting views entertained upon questions connected with the etiology and pathology of phthisis, two facts concerning the disease stand prominently forth, attested by universal experience.

The first is that the disease, or group of diseases, known as pulmonary consumption, is clinically preeminently characterized by failure of nutrition; and the second follows almost as a corollary, that those measures which tend to conserve and restore nutrition, give the best results in the therapeutic management of the disease.

The importance of good food, proper exercise, and fresh air, is not to be announced at this date as a new discovery; nor are the benefits to be derived from those agents of the *materia medica* variously classed as corroborants, tonics, promoters of constructive metamorphosis, matters of dispute or discussion.

It is not the purpose of the present article to review in detail the various plans of treatment proposed and in vogue, nor to discuss the comparative merits of different drugs in meeting certain indications. The writer desires to call prominent attention to a single feature in the management of cases of consumption, the importance of which is theoretically admitted by all, but which is practically too often neglected; namely, the furnishing of a proper respiratory diet.

That a due supply of oxygen is essential to main-

tenance of nutrition, is a fact so trite that it hardly seems to deserve especial mention; yet we rarely find the provision of this all-important agent made that decided feature of a plan of therapeutics which a knowledge of its necessity should dictate. It is true that consumptive patients are, in a general way, told to "keep out of doors as much as possible whenever the weather permits"—and that many are sent to various so-called health resorts, in the hope that a milder climate will permit more frequent open-air exercise, or that some peculiar quality in the atmosphere of the chosen place—varying with the theories or prejudices of the physician—will exert a beneficial influence upon the progress of the case. But setting aside the again conflicting theories and assertions as to what constitutes the most desirable climate for the phthisical, the fact remains that those who can avail themselves of change of residence constitute but a small proportion of the number of sufferers. How can we supply respiratory pabulum to those who are compelled to stay at home, where the weather does not permit the requisite amount of life in the open air; to those who are too feeble, or whose avocations are too confining, to allow them to avail themselves of the opportunities afforded by fine weather?

The inhalation of oxygen has been proposed as a measure theoretically indicated to favor nutritive processes in the consumptive. I have had no personal experience with this plan of treatment, having been deterred from resorting to it by the adverse dictum of J. Solis Cohen,¹ who found but a temporary benefit to result from its employment; followed, as Fourcroy had previously recognized by a more precipitate decline.

The inhalation of air subjected to compression, a procedure most prominently advocated by Waldenburg² is, however, a means of therapeutics in consumption, not properly appreciated, at least in the United States. The effect is twofold, mechanical and chemical; but the greater value is probably attributable to the former. That an increased quantity of oxygen is supplied with the increase of pressure is of course self-evident, but of what avail would this alone be when the quantity of oxygen supplied under ordinary pressure far exceeds the amount utilized by the normal lung? It is not the quantity of oxygen supplied, but the quantity of blood exposed to oxygenation, to which attention must be directed. Entering the lungs under pressure, however, the air is capable, mechanically, of producing several very desirable effects.

One of the most notable features of the respiratory act in consumptive patients, is the deficient expansion of the chest. Whether this be due to actual consolidation of pulmonary structures, or simply to muscular weakness, it prevents the due interchange of gases so essential to normal respiration, and limits the area of blood exposed to the atmosphere. No matter how balmy the climate, nor how fair the day, a patient with insufficient capacity of expansion

¹ Inhalation; its Therapeutics and Practice, Second Edition, Philadelphia, 1876, p. 77.

² Die Pneumatische Behandlung der Respirations und Circulations Krankheiten, Berlin, 1875.

must, out of doors as well as indoors, not only fail to inhale a due supply of oxygen, but also fail to exhale the waste products of respiration. Where strength is not too far gone this may be in a measure overcome by voluntary forced respiration; but with the majority of patients some extraneous force must be invoked. This is readily found in the expansile power of compressed air, which forces its way into disused alveoli, and gradually increases the respiratory capacity. That the increase in chest measurement caused by inhalations of compressed air is due to increased expansion and to the forcing open of disused air-cells, and not to the production of an emphysematous condition, is proved by the fact that it is an actual increase in vital capacity. The act of expiration is perfectly performed, the tidal air is fully expelled, and the capacity for forced expulsion of the reserve air is retained.

Auscultation reveals the presence of the respiratory murmur in localities where it had not been previously manifested. I have frequently observed the progress of this reopening of disfunctionated alveoli. At first, the respiratory murmur in the disused areas is fitfully present towards the close of the administration. Inspiration in these situations is often accompanied by a peculiar intermittent r  le, which simulates very closely the crepitant r  le of the first stage of lobar pneumonia, but is rougher and larger; as if the current of inspired air made interrupted pressure against the agglutinated surfaces of the infundibuli. Gradually the r  le disappears, the vesicular murmur becomes clearer, and is heard from the beginning of the inhalation, to some time after its close; and by degrees becomes firmly re  stablished during voluntary respiration. The amount of increase in vital capacity attainable by the persistent and systematic inhalation of compressed air is almost incredible.

Domanski,¹ of Cracow, reports a case in which a gain of 250 cubic centimetres (2850-3100) was produced, and another in which 200 cubic centimetres (2100-2300) increase was obtained. Oertel² refers to still greater gains, even 1000 centimetres. In the case of an officer of the United States Navy, under the care of Dr. J. Solis Cohen and myself, the vital capacity was increased from 320 cubic inches to 345 cubic inches, by inhalations of air under a pressure of $\frac{1}{10}$ of an atmosphere, twice daily, for a period of two weeks; one of Waldenburg's cylinders being emptied three times at each visit. This patient was a man of tall stature (6 feet, 2 inches) and powerful build, with the signs of a limited area of consolidation at one apex. In a man 5 feet, 4 inches high, with signs of condensation over the whole of one lung, the vital capacity was increased from 135 to 155 cubic inches.

As to the exact mechanism of the production of this increase, I hesitate to speak positively. The results cited cannot be obtained in every case, even of incipient disease. The amount of space gained as represented by the extent of the area over which respiratory murmur is more or less completely re-

stored, varies greatly. In no case, however, which has been deemed suitable for the treatment, have I failed to observe some improvement in the chest expansion, and in respiratory capacity; although some of these cases have been quite far advanced.

I am inclined to believe that the process of restoration is three-fold. There are, roughly speaking for the purpose of this argument, three classes of alveoli in the phthisical lung. First, the alveoli of healthy areas, which are not always fully expanded, owing to deficient tone in the respiratory muscles. Secondly, alveoli around which, or around the terminal bronchioles of which, a moderate degree of congestion and low grade inflammatory infiltration exists, encroaching, to a greater or less extent, upon their calibre; an impairment increasing as we approach the third class, namely, those occluded or obliterated by actual eruption, deposition, or infiltration of tubercle. Now the increased capacity of the first class is clearly attributable to improvement in muscular tone, resulting directly from the systematic gymnastics to which the thorax has been subjected, and increased indirectly by the general improvement in circulation and nutrition, which is the ultimate aim of the process. The increased capacity of the second group of air cells is partially due to the same cause, but the inference seems plausible, that the systematic compression of congested tissues and inflammatory products due to the dilation of the bronchioles and alveoli by the expansile power of compressed air, results in unloading of engorged vessels, and absorption of exuded and proliferated cells; in perfect analogy with the results of mechanical compression externally applied in many surgical cases. Whether any improvement whatever results in the condition of the third group of obliterated cells, namely, those in and around which tubercle has been developed, is a doubtful question.

But while the increase of respiratory capacity and the consequent improvement of nutrition, are the principal objects gained by inhalations of compressed air, they are not the only ones. When the treatment is first instituted the increase of cough and expectoration is marked. Retained secretions are stirred up and expelled from alveoli, bronchioles, and bronchiectatic cavities. Gradually as the air-cells and air-tubes become rid of accumulated and pent-up masses, the cough and expectoration diminish, the character of the expectorated material improves, and in favorable cases cough finally ceases. Thus the deleterious effect of the retention and decomposition of effete materials as well as the exhaustion consequent upon harassing and often ineffectual paroxysms of cough are obviated; resulting in still further gain of breathing space and in conservation of strength and nutrition. The beneficial effects of this increase in vital capacity can hardly be exaggerated. The mode of death in chronic phthisis, whether it be fibroid, catarrhal, or tubercular, whether the duration of the disease be protracted or comparatively short, clearly points to diminution of breathing space as the principal source of danger, and the establishment of so-called vicarious emphysema in cases of phthisis and chronic pneumonia is a therapeutic hint of Nature's, clearly indicating the

¹ Berlin. klin. Woch., Jan. 4, 1875; cited by J. Solis Cohen, op. cit. p. 46.

² Handbuch. der Respiratorischen Therapie. Leipzig, 1882, p. 412, et seq.

direction in which man's efforts should be directed. Increase of appetite is soon manifested, and if sufficient food of proper character and quality be provided, increase of weight rapidly results. In one case, that of a girl of eighteen years, referred to the Philadelphia Polyclinic by a physician of this city, a gain of eleven pounds was noted after six weeks of treatment. One of the most striking and earliest manifestations of improvement is the restoration of natural slumber.

The effects upon the circulation and upon the performance of the respiratory act itself, are of sufficient importance to warrant a separate study. They vary of course with the degree of pressure, the manner of administration, and the duration of the inhalations. Suffice it to say for present purposes, that while immediately after the ordinary administration, which consists of from ten to twenty-five or thirty inspirations of air under pressure varying from $\frac{1}{80}$ to $\frac{1}{30}$ of an atmosphere, the rapidity of the heart's action is always increased, and its force diminished, while the frequency of respiration is sometimes increased and sometimes lessened; after a few minutes rest, the depth of respiration and the power of the cardiac contractions will be augmented, while the frequency of respiration and pulse will be notably lessened. This process continuing, by degrees a permanent reduction is effected in the rate of pulse and of respiration, and the heart becomes permanently stronger. Thus, in the case last referred to, after two months treatment, respiration was reduced from 28 or 30 to 21; and the pulse from 104 to 88. I have never been able to obtain a constant series of results in regard to temperature; but coincidentally with the reduction of the abnormal frequency of pulse and respiration, an abnormal temperature becomes lowered.

The advantages to be derived from "pneumatic treatment" are so great, and in many cases so striking, that any one who has once resorted to the method, will not fail constantly to increase his use of it; and it is difficult to refrain from writing so enthusiastically that the charge of extravagance or overstatement will not be brought. Of course, it is to be conjoined with proper dietetic, hygienic, and medicinal measures, according to the varying indications of different cases, and different stages in the same case. Of course, it is not equally applicable to every case, and may fail to fulfil all our expectations in instances apparently promising. Nevertheless there is no one agent capable of producing the same amount of good in the vast majority of cases of early phthisis or in chronic pneumonias and pleuro-pneumonias, which have not been of too long duration. That it has not met with more general introduction must be due to the expense of the apparatus hitherto devised, and the time which the administration of an inhalation occupies. It is hoped that both of these drawbacks will be, in a great measure, removed by the modification of the apparatus of Waldenburg, devised by the writer, and described in the *New York Medical Journal*, Oct. 18, 1884. This apparatus, essentially a small gasometer with a foot bellows attachment, can be procured at a moderate cost, and after the first few visits, can safely be entrusted to an intelligent nurse or patient, for home use.

PNEUMONOKONIOSIS.¹

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THERE are certain employments whose victims are confined to rooms in which the air is laden with dust of either an organic or inorganic nature.

There are the workers in coal and graphite mines whose lungs, by the inhalation of their dust, become miniature coal mines in the course of time. There are the laborers in iron and steel, such as file-makers, grinders, pin-pointers, cutlers, and needle-makers, the air respired by whom containing sharp, irregular, angular particles of iron, steel, silver, and emery—substances exceedingly difficult of removal. There are the workers in stone, clay, and glass, and in jewel-polishing, such as cement-makers, potters, glass-grinders, stone-cutters, lime-burners, plasterers, brick-makers, diamond-cutters, and masons. Then we have those whose employments lead them to breathe an air full of matters contributed by the vegetable kingdom, carpenters, chimney-sweeps, moulders, millers, cotton-carders, grain-shovellers, charcoal-burners, and workers in flax, hemp, and tobacco. Moreover, such occupations as brush-making, wool-cleaning, silk-carding, making feather ornaments, hair-picking, and button-making expose the operatives to the inspiration of various animal substances, some of exceedingly irritating nature.

In breathing the ordinary dusty atmosphere of cities, the quantity of dust inhaled is small, and it is easily removed by natural provisions in the lungs. But besides the dust of the streets in cities we have an enormous quantity of carbon poured into our urban atmospheres by locomotives, manufactories, and dwelling-houses.

There is for this reason more dust inhaled than can be removed by secretion, gravity, ciliary motion, and coughing. This excess of dust remains in the lungs. In looking at the epithelial cells lining the air-passages with a magnifying power of three or four hundred diameters, many of these are found to contain in their protoplasm dust-particles of various sizes and shapes. I always find dust cells in examining the sputum of hospital patients. The molecules have penetrated the cell walls, or perhaps have been *let in*, so to speak, by the cell itself. These particles now pass through the other side of the cell, or between cells, into the connective tissue containing the network of capillaries of the pulmonary, bronchial, and lymphatic systems. In the connective tissue are wandering cells and young connective-tissue cells, probably identical with white blood cells, which take up many of these foreign molecular matters and carry them about wherever they go. Large numbers of the particles of dust remain in the tissues, but more enter the lymphatic spaces and vessels which they completely fill, or are carried by their currents to the glands along the bronchi previously described. Here they lodge, these glands becoming the chief store-houses of inhaled dust. This is what becomes of the surplus of dust daily inhaled by every inhabitant of every city. Gradually the lungs become discolored

¹ Read before the Buffalo Microscopical Club.

by long lines and patches of black carbonaceous matter.

I have been interested for the past eighteen months in looking at the comparative amount of carbonaceous deposit in the lungs and mediastinal glands in over two hundred post-mortem examinations of persons of all ages from one month to eighty years. Up to two or three years there is no appreciable amount of dust deposited in the lung, but the imperceptible daily inhalations gradually, in the course of time, put their indelible black mark on every lung. In innumerable microscopic sections of lungs I have made, I never failed to find carbon deposits in the walls of the air vesicles and in the lymphatic spaces. In persons of seventy or eighty years of age, where senile atrophy has begun to lessen the size of the lungs, these organs are as a rule very dark, and often even entirely black. The bronchial glands are enlarged and like lumps of coal, where their natural color is white. If the lungs and glands show little discoloration at this time, it is because the person has lived a great part of his life in the country or at sea. Still it is probably very rare that this deposition of dust in the lungs of city people brings about serious disturbances. Undoubtedly, there is often a thickening of the walls of air vesicles, occasional faint local congestions, what might be termed in fact a slow, a fifty year chronic pneumonia which seldom gives any trouble. It is true that certain parts of delicate lungs irritated by dust might make a pleasant and fertile garden for the bacillus tuberculosis, or the smouldering chronic pneumonia might become a conflagration, an acute pneumonia, a phthisis, or a consumption. Perhaps, as some authorities state, this inhalation of dust may account, to a degree, for the death by consumption of twenty-five per cent. more people per thousand in cities than in the country.

Thus far, I have been speaking of the lungs of *all* dwellers in cities who suffer but to a moderate extent from pneumonokoniosis. Now let us turn to the operatives in the various dusty occupations I have mentioned. I will enumerate results in a few of them only. Some kinds of dust being more irritative than others, various degrees of chronic bronchitis, or bronchial catarrh, are brought about. The walls of the air passages and bronchial tubes thicken to an enormous extent, owing to a chronic pneumonia, in which new connective tissue is formed. Masses of stored-up dust may excite acute inflammations, followed by the formation of abscesses and cavities; in fact, a fatal phthisis is brought about. In the bronchial glands it is no uncommon thing for inflammation of a suppurative nature to take place. These glands may become so large as by pressure on a bronchus to offer serious mechanical interference to respiration. Coaldust does not seem to irritate as much as other substances, and though in coal-miners the lungs may be so filled with anthracite as to leave little trace to the naked eye of lung structure, yet the number of deaths from phthisis among them is less than one per cent. Here is a man of sixty-seven years, who may serve as an example: Not long ago, as an Erie County Post-mortem Examiner, I was sent by the Coroner to make an autopsy on the foreman of the "cleaning-room" of the large Jewett Stove Works

in this city. He had died suddenly. The cause of death was fatty heart, but this fatty metamorphosis was due no doubt to the remarkable condition of the lungs. I make the following abstract from my record of the autopsy:

"On opening the thorax the lungs did not contract as usual. There were old and strong adhesions of both pleuræ everywhere. Both lungs were totally black over their whole surface. They were unusually hard and lobulated like a cirrhotic liver, only the nodules were larger. In numerous small patches there was great emphysema, some of the air-vesicles being the size of peas. Both lungs were very cedematous. The whole upper lobe of the right lung was one extremely hard tumor, like a fibroma, and perfectly black on cutting through. Upon touching with the hands the fresh-cut lung surface they become discolored, as if one were handling bone-black with wet fingers. The trachea, bronchi, and bronchial tubes had clean and white mucosæ. The bronchial and tracheal glands were much enlarged, very hard, and perfectly black throughout."

I visited the "cleaning-room" where he had been employed for thirty-one years and examined the dust under the microscope. In this room castings are brushed off, and the air is so dense with dust that it is almost irrespirable. The dust is chiefly charcoal from the moulds, but a little sand is mixed with it. A large force of men is employed in this room, and most suffer more or less with pulmonary difficulties.

Millers and carpenters suffer to the extent of ten per cent. from phthisis. Graphitosis pulmonum is not oftener followed by consumption than anthracosis pulmonum. I have some microscopic sections of lung from Silesian graphite-miners, prepared by me in Vienna. The men lived to a good old age, although there seems to be little lung-tissue amidst all this graphite.

It is among iron, steel, stone, and clay operatives that the most disastrous results are obtained. Flint-makers suffer to the enormous extent of eighty per cent. from phthisis, needle-polishers following with seventy per cent., and file-cutters with sixty-two per cent. It attacks only about forty per cent. of stone-cutters, although physicians meet with so many cases that they have given it the name of "stone-cutters' consumption." Grindstone-makers, sieve-makers, grinders, lithographers, cigar-makers, brush-makers, and glass-cutters average between 40 and 50 per cent. of deaths from phthisis. Gussenbauer has described a disease of the bones and marrow due to the inhalation of mother-of-pearl dust by button-makers. Among cotton-workers we have the form of consumption known to the profession as "cotton phthisis," the dust raised by beating being composed chiefly of silicious particles, cotton fibres, and woody matter; they all suffer more or less from the bronchitis, dyspnoea, etc., which are the phenomena of that form of pneumonokoniosis known as byssinosis pulmonum. Moulders suffer from anthracosis pulmonum, which frequently results in phthisis. They use exceedingly fine charcoal in their moulds when casting bronze, copper, and iron, which fills the atmosphere about them. Among potters the dust raised causes bronchitis and emphysema, the latter

being so common as to give rise to the name, "potters' asthma." There is a "grinders' asthma" known among cutlers, a form of consumption, and extremely fatal.

Particles of all these substances are found in the lungs with the microscope, though sometimes their recognition is not easy. It is occasionally difficult, for instance, to distinguish between the fine molecules of coal, iron, stone, and hæmatoidin, the red pigment of the blood. The lungs may be full of a dark pigment not due to inhalation at all. This is the slaty deposit of the Germans. It is found only in chronic pneumonitis, however, where there have been extravasations of blood, followed by decomposition of red blood globules in the tissues. The red pigment, or hæmatoidin, remains there permanently and changes into a brown or black color in time. Zenker relates the case of a woman who worked in a small room for many years with red sesquioxide of iron. At the post-mortem examination the lungs were found of a bright brick color, and upon analysis some 340 grains of iron were obtained.

Among hemp, silk, flax, wool, hair, brush-making, and cotton operatives, there is seldom any difficulty in recognizing their trades from a microscopical examination of parts of their lungs. Hirt made an autopsy on a maker of feather ornaments. The air-passages were found almost occluded by feathers and dust. Sometimes among charcoal-burners one finds pieces of charcoal sufficiently large to see a pore or two under the glass. Iron and steel particles may be distinguished by proper chemical tests, such as nitric acid and ferrocyanide of potash. The tests for silicic acid will often reveal the presence of stone or glass.

In American cities, where there is a large grain trade, and where are enormous elevators, as here in Buffalo, there is a form of pneumonokoniosis which results very seriously to laborers who do the shovelling. It has been called "grain-shovellers' phthisis." Prof. Rochester, of this city, has had numerous cases and has written an exhaustive paper upon the subject, describing what he calls "elevator pneumonia."¹ The chaff and sand are so irritating that an acute pneumonia is quite a common thing among these laborers. I had several cases while Resident Physician in the General Hospital some five years ago. This pneumonia is very apt to terminate in phthisis.

Thus far, we have been considering solely the inhalation of *irritating* particles, some having more tendency to excite disturbance than others; and we find that they cause almost always chronic bronchial catarrh, may cause emphysema, and often lead to pneumonia and phthisis. But there are occupations which force artisans to inhale not only *irritating* but *poisonous* substances. There is among tobaccoists a form of dust-inhalation known as "tabacosis pulmonum," where we not only have some of the inflammatory effects described above, but also a variety of nervous disorders produced by the nicotine of the tobacco-dust. Some of the most deleterious of the

trades are those where men are compelled to work in atmospheres impregnated with particles of arsenic, mercury, lead, and copper. Those who suffer most in these occupations are makers of artificial flowers, wall-pipers, lead-miners and workers, hatters, painters, enamellers, type-founders, compositors, and copper-smiths. It is said that the hair and bones of copper-smiths become green from the absorption of acetate of copper. Type-founders, compositors, and others who work in lead, inhale sufficient to irritate the lungs and at the same time to produce often the serious colic and paralysis of lead poisoning. Hatters are exposed to arsenic and mercury poisoning, while those who make green wall paper and artificial leaves are apt to suffer from arsenic.

Though I have enumerated a large number of trades, in which the inhalation of various dusts, irritative and poisonous, lead as a rule to serious if not fatal results, the list is not complete. Compared with dust inhalation, other diseases produced by dust, such as certain eczemas and disorders of the eye, are unimportant. Therefore I have said nothing of them.

I have devoted a long paper to the inhalation of particles of organic and inorganic matter, and have spoken only of *dead* particles; but a much longer article might be written upon the inhalation of *living* particles, certain plants of lower orders, fungi, schizomycetes, etc., for I have no doubt that it is chiefly through inhalation that the various bacteria of scarlet fever, smallpox, yellow fever, tuberculosis, and so on through the catalogue of contagious and infectious diseases, reach the interior of our organisms.

I have some microscopic specimens of *pneumomycosis aspergillina* from human lung, showing one of the common forms of mould growing in a gangrenous cavity. Also some sections of tubercle from the lungs of rabbits which were made to inhale air passed through and over tubercular sputum. These sections I made under the direction of Prof. Weichselbaum, of the University of Graz, who has since published his experiments on *Inhalationstuberculose*.¹

The disease-germs are present in the air of infected districts, are carried by the winds abroad, rise from countless sewers, cesspools, and marshes, and no doubt are inspired into the lungs by thousands at times; and very likely some enter the system by the alimentary canal, though this is by no means certain even in cholera.

To the passage of these living dust-particles the delicate walls of the air-vesicles can offer little resistance, when grosser coal, iron and glass molecules pierce them so readily.

MEDICAL PROGRESS.

COMMA-BACILLUS IN THE HUMAN MOUTH.—DR. W. D. MILLER, of Berlin, demonstrated, on February 16, at the Verein für Innere Medicin (*Independent Practitioner*, May, 1885), a comma-bacillus in the human mouth:

It is a well-known fact that comma-shaped bacilli are constantly present in the human mouth, even in a state

¹ See Buffalo Medical Journal, Dec. 1879.

¹ Experimentelle Untersuchungen über Inhalationstuberculose in Wien. med. Jahrb., 1883, S. 169.

of perfect health. No particular importance was, however, attached to this fact until these bacilli were, by Prof. Lewis, asserted to be identical with Koch's comma-bacilli of Cholera Asiatica. Since that time very many bacteriologists have constantly endeavored to obtain the comma-bacilli of the mouth in pure culture. In the *Deutsche medicinische Wochenschrift*, 1884, Dr. Miller described two different schizomycetes which he had isolated from the oral secretions, and which in certain cases appeared as distinctly curved bacteria.

Not until lately, however, did he succeed in isolating from the mouth a true comma-bacillus, and it was finally accomplished, in two cases, by the use of coagulated beef-blood serum. The material from which the cultures were made was in each case found under the margin of inflamed gums in unhealthy mouths. Morphologically this bacillus is very similar to the other well-known comma-bacillus occurring as commata, either singly or in twos (S form), or in spirillum form (Fig. 1). In old cultures of gelatine all the commata

FIG. 1.



FIG. 2.



sometimes grow out into spirilli, giving a pure spirillum culture, cultivated on plates of beef-water peptone-gelatine at 20° C. They appear after twenty hours (in the second dilution), under a power of 100 diameters, as perfectly round, finely granular colonies, with a smooth border and brown color; in the same time the first dilution will be completely liquefied. They liquefy coagulated blood-serum with great energy, as do the other comma-bacilli. On the surface of Agar-Agar they form a yellowish coating, and convert the medium, superficially only, into a paste. They grow slowly on boiled potato. He has, consequently, not yet been able to establish any definite peculiarity of growth. The reactions of this bacillus are such as at once establish the fact that it is altogether a different organism from the comma-bacillus of Koch. It possesses, on the other hand, many of the peculiarities of the Finkler-Prior bacillus. Whether it is identical with this organism must be established by further experiment.

It must be remarked that this organism is, in all probability, not the one which is constantly to be found in every mouth. This grows rapidly on ten per cent. gelatine, while the latter appears to be unable to grow at all on the same medium.

Dr. Klein, in his report on Cholera Asiatica (*British Medical Journal*, February 7, 1885), states that the comma-bacilli of the human mouth have the same peculiarities of growth on gelatine with the comma-bacilli of Koch; but not one of the many forms of microorganisms, curved or otherwise, which Dr. Miller has obtained in pure culture from the human mouth, is for a moment to be mistaken for the bacillus of Koch. If Dr. Klein has really succeeded in proving by culture methods that the common comma-bacilli (vibriones) of the human

mouth have the same reaction on gelatine as Koch's comma-bacillus, then it is very desirable that we should be told how he did it, it being the testimony of a very large number of bacteriologists that these organisms do not grow at all on gelatine. An exact proof that the vibriones of the mouth have, on various culture media, the same reaction as Koch's bacillus, would be a point of great weight, while a simple morphological similarity is of scarcely any consequence whatever.

In medical journals, particularly English journals, we continually meet with such statements as—"Comma-bacilli may be found in the human mouth;" "in the intestines in various disorders;" "in certain articles of diet," etc. Therefore, Koch's theory of the cause of Cholera Asiatica is entirely wrong. It is surprising that such views should ever be published by any journal. What if comma-bacilli are found in the human mouth? It is the testimony of ninety-nine out of one hundred that they are *not* the comma-bacilli of Koch. What if they may be found in stale cheese? The cheese spirilli have been proven to be altogether a different organism from Koch's bacillus. It matters not where comma-bacilli are found, or in how great numbers. The question to be decided is, whether any of these comma-bacilli are identical with Koch's, and the universal verdict is that they are not. It remains to be seen whether Dr. Klein can prove his statement as to the identity of the common mouth vibriones with the cholera bacillus.

To put down all comma-shaped microorganisms as one and the same, simply because they are curved, is no more reasonable than it would be to treat all bacilli in the same manner because they are straight, and to affirm that a particular bacillus cannot be the cause of tuberculosis, because bacilli are found in the human mouth, in the intestines, and in various articles of food.

VAGINAL HYSTERECTOMY FOR EPITHELIOMA.—At a recent meeting of the Société de Chirurgie de Paris, M. TILLOUX reported a case of vaginal hysterectomy for epithelioma, resulting in cure. Digital examination revealed the presence of an anfractuous cavity. The edges of the cervix uteri were eroded, but the culs-de-sac were intact. An extremely fetid discharge constantly escaped, and the general health was rapidly declining, as was evidenced by repeated attacks of syncope. The woman readily consented to operation, which was performed June 2, 1885. After chloroformization, the neck of the uterus was drawn down flush with the vulvar orifice. The first step of the operation was to incise the anterior cul-de-sac, and dissect away the uterus carefully from the bladder, a sound having been introduced therein to assist the operation. When the subperitoneal tissue was reached, the fingers only were used to separate the healthy from the diseased tissue. Incision of the posterior cul-de-sac was easily accomplished, and the peritoneum reached. In order to cut the two broad ligaments, M. Tilloux made use of his finger curved over the right ligament to draw it down, and also slipped over his finger, by the assistance of a Cooper needle, a silk ligature, which he knotted. For further security, a clamp was placed on the pedicle along the right border of the uterus, and the ligament was cut between the ligature and the clamp. The thread slipping at this juncture, it was necessary quickly to apply a clamp to

the utero-ovarian arteries. M. Tillaux then, seizing the uterus, which was now held only by the left broad ligament, drew it to the vulva, fundus forward, so as to stretch the ligament, which was thus tied and cut with ease. A point of suture were applied to the vaginal borders; a large drain introduced into the peritoneum, and the vagina packed with iodoform gauze.

The results of the operation, with the exception of slight nausea, which persisted for thirty-six hours, were uncomplicated, and the patient is at present entirely well.—*L'Union Médicale*, June 30, 1884.

PHYSIOLOGICAL AND THERAPEUTIC ACTION OF COCAINE.—DR. P. LIVIERATO, in *La Salute*, III., 1885, arrives at the following conclusions relative to the physiological and therapeutic effects of cocaine:

1. Cocaine, even in small doses, has a recognizable effect upon the peripheral nerves when subcutaneously injected.
2. Small doses (one-third of a grain) are able, in some instances, to diminish local sensibility, and to relieve local pain.
3. Larger doses (one and a half grains) may produce complete anæsthesia of all sensibility in a comparatively wide area.
4. Cocaine subcutaneously injected has, besides its local action, an effect upon the circulation.
5. Such action is manifested by doses of one-sixth of a grain, and much more plainly by doses ranging from two-thirds of a grain to a grain and one-half.
6. The frequency of the pulse is increased ordinarily in proportion to the size of the dose, by a few pulsations up to eight and even fourteen during the first minute.
7. The intra-arterial pressure is lowered in most cases from a few millimetres to twenty, according to the individual and independent of the dose.
8. The ascending sphygmographic curve under the action of the drug is lowered, and the descending curve becomes very short.
9. Respiration does not undergo any modification worthy of remark from the administration of doses ranging from one-sixth of a grain to one grain and a half of cocaine.
10. Its action in healthy individuals begins to be manifested within from three to five minutes after the injection, according to the dose. Its action may endure from twenty minutes to more than one hour.
11. Cocaine is capable of diminishing and removing all neuralgic pain.
12. Such effect is not only local, but is exercised at a point remote from that at which injection was practised.
13. The anæsthetic action commences a few minutes after the injection, and continues from one and a half to six hours, according to the dose.
14. Cocaine does not produce any general phenomena in doses ranging from one-sixth of a grain to a grain and a half.
15. The subcutaneous injection of the above doses does not produce mydriasis.—*Gazzetta degli Ospitali*, June 17, 1885.

LUPUS, A DISTINCT DISEASE FROM TUBERCULOSIS.—DR. PIETRO GAMBERINI, in a theoreto-clinical study

upon lupus, concludes his observations by enumerating the following propositions:

1. Lupus is not identical with tuberculosis.
2. If tubercular tissue does really exist in the degenerations due to lupus, it is not proved that such tubercular material is the cause of the lupus—holding in mind the extreme scarcity of the bacilli found in lupus by various observers—while the opposite condition seems to exist in tuberculosis—*i. e.*, an abundance of bacilli.
3. The results of experiments made upon rabbits have no corresponding facts to which exception cannot be made in the case of human beings.
4. That the destruction observed in these animals points only to tuberculosis and not to lupus, from which it may be inferred that the latter is a distinct disease, but that accidental tuberculosis may be developed in it.
5. The incurability of the cutaneous tubercular ulcer, and the opposite condition generally observed in the ulcer of lupus, prove the greatest divergence in the morbid processes peculiar to each.
6. Points of differential diagnosis between the two diseases render it apparent that they are distinct, and possess their own pathological processes.—*Giornale Italiano delle Malattie Veneræ e della Pelle*, March-April, 1885.

HAIRPIN RETAINED IN THE SIGMOID FLEXURE OF THE ILEUM FOR THREE YEARS: STERCORACEOUS FISTULA, AND CURE AFTER REMOVAL OF THE FOREIGN BODY.—DR. TH. WEISS reports in the *Rev. Médicale de l'Est*, No. 3, 1885, a case in which a hairpin was retained in the sigmoid flexure for a space of three years. The patient was a child, twelve years of age, whose health was seriously affected from an abdominal affection, the nature of which was entirely unsuspected. A few days subsequent to the first examination of the child, a fluctuating mass made its appearance in the left lumbar region immediately below the crest of the ileum. An incision was made at once, and was followed by the escape of a quantity of fetid pus, but examination failed to reveal the presence of a foreign body. After the operation, some amelioration of the child's condition resulted, but in a short time a second abscess formed in the region of the great trochanter, and evidently being in relation with the first. A second incision gave exit to a great quantity of unhealthy pus and permitted the introduction of a drainage-tube. After a few days, the pus which escaped at the lumbar incision was found to be mingled with feculent matter, which shortly became so abundant that anal defecation was almost entirely suppressed. At this time, erysipelas manifested itself, but soon disappeared under treatment, and soon after both the lumbar and crural wounds entirely cicatrized. After four months, however, the fistulæ were reëstablished, and fecal matter again escaped through them. At the end of a week they again entirely closed.

Two months subsequently, a third incision was necessitated by the appearance of a new fluctuating tumor. Finally, a month later, a fourth incision being necessitated for the introduction of a drain, a foreign body was discovered in the lumbar region at the level of the crest of the ilium. Some difficulty was experienced in seizing it with the forceps. Efforts to extract it were, however, successful, and it was found to be a large-sized hairpin, bent and rough with concretions.

Careful questioning elicited the information from the child that three years previously he had been in the habit of scratching himself with the hairpin on account of violent itching of the anus, and that on one occasion the pin suddenly escaped him, but that, as he experienced no discomfort therefrom, he had given the matter no attention.

In spite of a second attack of erysipelas, and continuous ill-health for so lengthy a period, the child completely recovered with the exception of a slight contraction of the left leg, which itself is apparently passing away by extension applied at night.—*Journal de Médecine de Paris*, May 31, 1885.

GARGLE FOR CHRONIC PHARYNGITIS.—BAMBERGER recommends the following gargle in chronic pharyngitis:

R.—Ammonii chloridi . . . gr. lxxv.
Mellis rosæ . . . ʒiss.
Aquæ . . . fʒxij.—M.

S.—Use several times daily as a gargle together with mustard foot baths. The use of tobacco is to be interdicted.—*L'Union Médicale*, June 23, 1885.

A CASE OF CHLOROMA.—DR. F. G. GADE, of Christiana, has had a case of the rare disease called chloroma, chlorosarcoma, green cancer, and periosteal and metastatic sarcoma, which was first described by Balfour, in 1834, and of which ten cases have already been recorded. Gade's case was in a little girl aged 5, who first suffered from anæmic symptoms, and then from a tumor of the left cheek, with toothache, tinnitus aurium, otorrhœa, deafness, and continually increasing exophthalmos. Nine weeks after these symptoms appeared, she died with pyrexia and great prostration, without having exhibited any phenomena of cerebral mischief. At the post-mortem examination, an immense number of greenish-yellow and greenish-gray fibrous tumors of sarcomatous structure were found in various situations, but more especially connected with the periosteum. They were found on the dura mater, in the internal ear, in the orbit, in the periosteum of the skull and facial bones, in large numbers on the sternum, on the ribs and vertebral column, also in the liver, kidneys, colon, lateral ligaments, and the medulla of the bones; also on the lower extremities there were a number of livid spots, the largest of which contained a butter-like substance. The case is very similar to those previously recorded, which were all in children. The green coloring matter, which can be dissolved out by maceration in chloroform as a dark-green oily liquid, is not related, according to Gade, agreeing with Otto, either to the blood or to the biliary coloring matter, but is formed from fat-granules, great numbers of which are found in the cells of the neoplasm.—*British Medical Journal*, July 11, 1885.

POWDER FOR PHAGEDENIC CHANCRE.—M. TERRILLON recommends the following powder as useful in phagedenic chancre:

R.—Acid. pyrogallici . . . ʒv.
Pulv. amyli . . . ʒiss.—M.

S.—Mix carefully.

In phagedenic anfractuous chancres, insufflate the powder into the depths of the sore. The dressing should be applied twice daily. The preparation employed

should be fresh, and preserved from moisture in a well-corked bottle.—*L'Union Médicale*, July 4, 1885.

A CASE OF LACTOSURIA.—DR. GAUBE reports a case of lactosuria in a child aged fourteen days. The first five days after birth the child was fed on milk and water, owing to the slow establishment of the lacteal secretion in the mother. From the fifth day, the child fed regularly. The day succeeding birth it was seized with diarrhœa, accompanied at first with infrequent vomiting. Examination showed the milk of the mother to be excellent. The fecal discharges were acid, and composed of milk unchanged by intestinal digestion. The child, in the meantime, wasted. The urine on examination was found to have little color, no odor, and to be acid. Boiling produced no reaction. When added to boiling Fehling's solution, no precipitate appeared, but when boiled and added to the solution the characteristic precipitate occurred on cooling. Treated with the subnitrate of bismuth and caustic soda, and heated, it at first turned green, then yellow, and reduced the subnitrate of bismuth. Heating and testing with hydrochloric acid produced no change of color. Sufficient urine could not be obtained at one time to note the specific gravity. An average of two analyses gave about twenty-three grains of urea to the litre of urine, and the amount of urine passed in twenty-four hours was about four ounces. The urine contained no albumen, indican, nor oxalic acid.

As it is difficult to explain the formation of grape sugar in an infant entirely nourished with milk of a good quality, the conclusion was reached that lactosuria, not glycosuria, was the affection to which the symptoms were due.

The child, at the date of the report, when twenty-four days old, had improved in digestion, its weight increased; and the urine, which contained the same proportion of urea per litre, was neutral and reduced neither Fehling's solution nor bismuth.—*Gaz. Méd. de Paris*, June 6, 1885.

UNGUENT FOR THE TREATMENT OF METRITIS.—MARTINEAU recommends the following ointment in the treatment of metritis:

R.—Potassii iodidi . . . gr. lxxv.
Ext. belladonnæ,
Tr. benzoini . . . aa ʒss.
Sodæ hyposulphit. . . gr. viij.
Ol. amygdalæ dulc. . . ʒij.
Adepis benzoinat. . . ʒvss.—M.

S.—Ft. unguent. Apply on wadding within the cervix.—*Revue de Thérapeutique*, July 1, 1885.

COCAINE BY INSUFFLATION AND INHALATION.—DR. SCHNITZER, recommends the following formula of cocaine for

A. Inhalation:

R.—Cocaine hydrochlor. . . xvj 16 to ʒss.
Potassii chlorat. . . ʒij.
Aquæ laurocerasi . . . fʒss.
Aquæ dest. . . fʒxij.

B. Insufflation:

R.—Cocaine hydrochlorat. . . gr. xij to xvj.
Morphiæ hydrochlorat. . . gr. vj.
Bismuthi subnitrat.
Sacch. alb. . . aa ʒj.

—*Gazzetta degli Ospitali*, June 28, 1885.

REGENERATION OF THE SPLEEN IN THE FOX AFTER TOTAL EXTIRPATION.—PROFESSOR ETERNOD, of Geneva, publishes (*Rev. Med. de la Suisse Romande*, January 15, 1885) an interesting account of his researches on this point. His results are confirmatory of Tizzoni's. The chief point of interest was that, four months after the spleen had been entirely removed, a nodule of newly formed splenic tissue was found, enclosing in its substance foreign bodies that could only have been introduced through the wound at the time of operation. The nodule was 13 millimetres long and 8 broad; and apart from some embryonic tissue, in microscopic character it was almost identical with the normal spleen. Amongst the other conditions found, the most noteworthy were the new formation of adenoid tissue, especially in the lymphatic glands and Peyer's patches, and the transformation of the parenchyma of lymphatic glands into splenic tissue. This last circumstance supports the view held for some time by Professor Eternod, that the spleen is only a vast elaborated lymphatic gland.—*British Medical Journal*, July 4, 1885.

A CASE OF SUBACUTE OSTEOMYELITIS OF THE INFERIOR END OF THE FIBULA: OPERATION AND RECOVERY.—DR. GÉRARD MARCHANT reports a case of subacute osteomyelitis of the lower end of the fibula in which operation was successfully performed by PROFESSOR TRÉLAT.

After chloroformization and the application of Esmarch's bandage, an incision was made along the external face of the diseased bone. An interesting condition observed was the enlargement of the musculocutaneous nerve. The periosteum was not increased in thickness, but adhesion to the bone was slight. After removal of the periosteum the bone was found to be increased in all its diameters, thus filling up the interosseous space. Along with the increased size, general change in the characteristics of the bone existed. The canaliculi had disappeared, as also the details of configuration. In the region of the anterior four or five apertures could be seen and felt. Examination further showed that from its condition the bone could be divided into two zones, an upper and a lower, corresponding respectively to the middle and its malleolar portions. The inferior zone was slightly united and violaceous, its Haversian canals enlarged and exhibiting at several points drops of dark blood. The superior zone was white, and duller, denser, and more compact, though possessing neither the brightness nor regularity of sound structure.

The boundary between the two portions was marked by an irregularly traced line, resembling a boundary line in a geographical map. These macroscopic lesions confirmed M. Trélat in the opinion that an osteitis existed, and he proceeded to remove the diseased tissue in the upper zone with the chisel and trephine. The lower zone next received attention, and the unhealthy bone removed. The marrow of this portion was found to be diseased, exhibiting in the midst of osseous trabeculae which were infiltrated with dark blood, small islands of a yellowish dark substance, about the size of an almond, irregularly outlined, with a *curette a lunette*. M. Trélat removed the diseased marrow for a distance of about two inches, until the diseased foci no longer were evident. The bone was also scraped until all the

necrosed tissue was removed. In two months the wound was healed and the patient cured, the only complication ensuing being a suppurating lymphangitis. In slightly more than three months the patient was able to walk, and was radically cured.—*Le Progrès Médical*, May 30, 1885.

A CASE OF MILKY HYDROCELE.—MR. SIDNEY DAVIES, in the *British Medical Journal* for June 20, 1885, reports the following case of milky hydrocele, obviously caused by the *filaria hominis*. He says:

A Greek, aged 23, consulted me in November last for a swelling of the left testicle. The swelling had the appearance of hydrocele, which disease is common in this country. Accordingly I tapped it, and drew off two ounces of milky fluid. This fluid coagulated on boiling, and, after standing a day, separated into a thick and thin portion; in fact, it had the ordinary properties of chyle. Under the microscope it was found to contain fat granules and granular leucocytes. Among the latter were seen moving three or four embryonic filariae, of the same appearance and proportions as those I have frequently seen before in the blood of patients with chyluria.

The patient was born in Alexandria, and had lived there until four months previously to my seeing him, when he entered the Cairo police force. He noticed the swelling of the testicle nine months before consulting me. He had twice suffered from gonorrhoea, and had had a "soft sore," but no other disease. He had never had chyluria nor hæmaturia.

In three weeks after tapping the fluid returned, having the same appearance as before. After consulting with Dr. Grant Bey, I determined, by his advice, to open up the tunica vaginalis, and allow the sac to granulate from the bottom. I accordingly cut down into the chylocele, and exposed the testicle. The sac was washed with a 1 in 20 solution of carbolic acid, and a large drainage-tube inserted. The patient had an attack of hæmaturia, presumably from absorption of carbolic acid, which lasted two or three days. There was free suppuration, with rather severe inflammation of the coverings of the testicle round the wound; but the wound healed completely in three weeks after the operation. Up to this date there has been no return of the disease.

THE PATHOLOGICAL PHYSIOLOGY OF THE TESTICLE.—PROF. ANGELO MAFFUCCI has recently performed numerous experiments upon the results of wounds of the testicle, to determine the following questions:

1. How wounds of the testicle result under different methods of treatment.
2. Whether the parenchyma of the testicle is reproduced after in any way it is destroyed.
3. Whether the portion of parenchyma regenerated possesses functional power.
4. From what histological elements of the testicular parenchyma the regenerated tissue takes its origin.

After a thorough investigation of the questions above proposed, as made by careful experiments on dogs, Prof. Maffucci reaches the following conclusions:

1. Under antiseptic treatment the parenchyma of the testicle is regenerated.

2. The regenerated epithelial tubules present phenomena of functional power.

3. The neoplastic parenchymatous tissue does not have its origin from old but from special cells of the stroma—with reservation for more exact observation.

4. The last proposition is a direct consequence of the preceding—*e. g.*, that there are special elements in the parenchyma of the testicle which have the power to renew it.—*Rivista Internazionale di Medicina e Chirurgia*, April, 1885.

GASTROTOMY.—The following case of removal of a foreign body from the stomach was reported in a recent sitting of the Dresden District Medical Society by Dr. Crédé. A man aged 25, of delicate frame, came into his clinic after having swallowed, a fortnight previously, the whole set of teeth of his upper jaw. He had pushed the teeth down his throat because they were choking him, as he could not bring them up again. As they did not pass naturally, and signs of inflammation of the stomach became visible, Dr. Crédé performed the operation. A diagonal cut 15 centimetres long was made below the ribs, the stomach was taken out, and opened by a cut seven centimetres long in the centre of its anterior aspect; the set of teeth was removed, and the rent in the stomach sewn up by three sutures, one above the other. The stomach was then replaced in its proper position. There was no inflammation, discharge, or pain of any kind. The second day after the operation, the patient received liquid nourishment, and after a fortnight solid food. In three weeks he was dismissed, and was able to resume his work. This is the second case in which a set of teeth that had been swallowed was removed by an operation, and the seventh in which gastrotomy was resorted to. The greater number of cases were successful. The first three cases were those in which a knife, a spoon, and a fork, respectively, had been swallowed.—*British Medical Journal*, July 4, 1885.

RARE FORM OF DISLOCATION OF THE SHOULDER.—A case of unusual dislocation of the humerus is described by Dr. K. E. Lindén, under the name of "luxatio humeri erecta," in the *Transactions of the Finland Medical Society*. The patient, a laboring man, aged 35, had been thrown down in a quarrel; and, while he lay on the ground, his opponent pulled his arm upwards, at the same time kicking him violently in the upper third of the left humerus. When Dr. Lindén saw the man, three days later, the humerus formed an angle of about 130 degrees with the acromion and clavicle; the forearm, which was pronated, lay horizontally over the head; the arm was much contused, and the seat of severe pain; while the hand which was supported by the right hand, was numb. All attempts at reduction caused much pain. The head of the humerus could be felt with unusual distinctness in the axilla, where it lay below and somewhat to the inner side of the glenoid cavity, resting against the lower border of the pectoralis major muscle. Reduction was effected, under chloroform, by making extension upwards and outwards. The arm was useless for six weeks; two and a half months after the injury, the man was able to walk, though his arm was still weak. Dr. Lindén has been able to find only five cases of this form of dislocation recorded in medical literature: two

by Middledorpf, who first described it in 1858, and gave it the name of "luxatio humeri erecta;" one by Busch (1863); one by Nikolaysen (1873); and one by Alberti (1884). In all the cases, the arm was forcibly extended upwards when the displacement occurred. The symptoms in all resembled those described by Dr. Lindén as met with in his case: the head of the bone lay below the glenoid cavity, at the inner border of the scapula; the deltoid muscle was enlarged; the humerus was raised above the horizontal plane; and the forearm rested on the head, the hand being supported by that of the other arm. With regard to the difficulty of reduction, Dr. Lindén attributes it to the catching of the greater tuberosity of the humerus against the edge of the cavity of the joint.—*British Medical Journal*, July 4, 1885.

RETENTION OF URINE IN A CHILD OF SIX MONTHS.—M. ARNOZAN, in the *Journal de Médecine de Bordeaux*, reports the case of a child, six months of age, who suffered from retention of urine. The child had previously been healthy, and had had no difficulty in urinating, but when seen by M. Arnozan had not urinated for thirty-six hours. It cried and vomited. The bladder was found firm and full in the hypogastrium. The testicles were retracted. The penis and perineum presented no abnormal condition. Catheterization was performed without difficulty with a small elastic Charrière catheter, and urine, very dark but clear, to the amount of nearly four and a half fluidounces was drawn from the bladder. The child at once was relieved and went to sleep. Two or three days subsequently the urine became slightly purulent, and catheterization was continued for ten days, at the end of which time urination occurred spontaneously. Catheterization was required subsequently but once. The child since the attack has been in good health, but when suffering even from slight indisposition slight transient difficulty in micturition is manifested.—*L'Abeille Médicale*, June 29, 1885.

SCROTAL CALCULI.—DR. SCHKOTT has recently described, in a Russian medical periodical, the case of a patient, aged 27, who, when a child, was subject to some obscure disease of the scrotum, and noticed, later on, that he apparently had developed a third testicle, much harder than the two normal glands. For seven years before he came under Dr. Schkott's care in hospital, he frequently passed blood in his urine, and for two years micturition and coitus had been attended with pain. The third testicle reached the size of a goose's egg. Three months before admission he struck the scrotum, which inflamed and suppurated. The abscess burst, and left a fistulous track. On passing a probe into the track, three hard substances, which could be moved separately, were distinctly felt. On passing a catheter, a fistula was detected in the membranous part of the urethra. The scrotum was incised, and seven uric acid calculi were found in a capsule of connective tissue, fitting closely against each other. Dr. Schkott excised the sac after extracting the calculi, and closed the urethral fistula first with catgut, and then sutured the scrotal wound with the same material. The fistula opened up again, but was successfully closed by a second operation.—*British Medical Journal*, July 11, 1885.

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THE SCORBUTIC TAIN.

AMONG the improvements in health and comfort which are due to preventive medicine, none are better marked or more susceptible of demonstration than those resulting from the prevention of scurvy. It is true that it is somewhat difficult to realize the extent to which a century or more ago, this disease or dyscrasia affected the people, in a mild form complicating all other diseases, and in its graver aspects producing epidemics, and destroying the efficiency of navies and armies.

Some idea of the prevalence of the scorbutic taint in those days may be gained from the records of medical practice in the seventeenth, and first half of the eighteenth centuries, in which the occurrence of symptoms referable to this complication is frequently noted.

It is true that in those times the terms scurvy and scorbutic symptoms were often used vaguely and as a cover for ignorance, very much as the term malaria is sometimes employed at present, but it is evident that the physician of 1600 saw so much of this disease, that he suspected its presence as a complication in a large proportion of the cases which he was called upon to treat. As an example of this, take the little book entitled "Select Observations on English bodies; or cures both emperical and historically performed on very eminent persons in desperate diseases." Written by John Hall in the beginning of the seventeenth century.

John Hall was the son-in-law of Shakespeare, and lived at Stratford-on-Avon, where, in the words of his translator "he was very famous, as also in the counties adjacent." His little book, containing the

record of nearly two hundred cases, was first published in 1657 by Dr. James Cooke, and is somewhat rare, being sought for by collectors of Shakespeariana. In the preface the editor says, "It seems the author had the happiness (if I may so stile it) to lead the way to that practice almost generally used by the most knowing, of mixing scorbutics in most remedies," and scurvy grass figures in many of his prescriptions.

At the present time and in this country fully developed scurvy is so rare that many physicians have never seen a case which they have recognized as such, and do not suspect its presence even when it would be well that they should do so. It must be remembered that the causes which produced scurvy two hundred years ago are still efficient, and that those who, either from choice or from necessity, use salted meats too exclusively and do not use sufficient vegetables, are liable to suffer from these causes.

Fortunately, in such cases there soon arises a special craving for fresh vegetables and vegetable acids, but this is not always the case, and within the last three years we have seen several cases in people in comfortable circumstances in which the scorbutic taint was apparent when attention was directed to it, although it was not at first recognized, and the cases were considered to be rheumatic, malarial, dyspeptic, etc. In two of these cases the gums were decidedly spongy, and there were well-marked vibices on the front of the tibia, and in all of them attention to diet and the free use of lemons produced rapid improvement. It may be well, therefore, to bear in mind the possibilities of this complication, especially when prescribing a course of diet and regimen which is to be followed for a considerable period.

PNEUMONIA COCCUS IN THE AIR.

In the course of some experiments on microorganisms in the air, PAWLOWSKY, of the St. Petersburg Pathological Laboratory, found on the exposed gelatine plates a culture which, in macroscopic characters, resembled closely those of Friedländer's micrococcus of pneumonia, and, on microscopical examination, proved to be composed of diplococci, some of which presented capsules. There had been cases of pneumonia among the laboratory servants, and this strengthened the supposition that these were pathological organisms. Two white rats were injected with these cultures, and death followed in twenty-four hours. There were pleurisy and hyperæmia of the right lung, and the organ sank in water. The diplococci were found in the exudate and in the lung. Cultures made from them seemed characteristic in the nail-form of the growth; but there were, in addition to Friedländer's large micrococci, smaller ones which it was found impossible to isolate. Further inoculations were made in two rabbits, one guinea-pig, and three dogs. In the rabbits there were fibrinous pleu-

risys and croupous pneumonia of the entire lobe of the right lung. In the guinea-pig there was a hemorrhage in the lung surrounded by a zone of grayish tissue, while in the dogs there were fibrinous pleurisy and many foci of gray, solid, airless tissue, in which the alveoli were filled with fibrin and colorless blood-corpuscles. The diplococci were most numerous in the rats.

It is not a little peculiar that servants with croupous pneumonia should contaminate the exposed gelatine plate; we can scarcely suppose they were in the laboratory during the existence of the disease, but the details on this point are rather meagre. The author refers to several features of interest in connection with the organism which has been found associated with pneumonia. Morphologically and physiologically great differences exist in the diplococcus described by different writers. The capsule which Friedländer believed to be specific, has not been found by many other observers. Salvioli describes the coccus as motile. Some have described a large diplococcus, others a small; and again, the results are different. Talamon and others have not been able to cause the pneumonia in dogs, which the author and Lebedinsky have successfully induced. In rabbits negative results followed the experiments of Friedländer; positive, those of Talamon and others. The author concludes that the organism with which he was dealing corresponded in form, mode of growth, and in the effects produced, with Friedländer's coccus of pneumonia. The smaller diplococcus which existed in the cultures was not thought to vitiate the results—indeed, Afanassiew has found both forms in pneumonic sputum.

THE SURGERY OF CYSTS OF THE PANCREAS.

THE *American Journal of the Medical Sciences* for April contains an exhaustive paper, by DR. SENN, of Milwaukee, on the "Surgical Treatment of Cysts of the Pancreas," an affection which, for obvious reasons, is not only extremely difficult of diagnosis, but rarely comes under the domain of the surgeon.

In his own case, that of a young man nineteen years of age, a cyst, containing three quarts of fluid, had developed in five weeks, as the result of a severe fall and blow, through which it was assumed that the pancreatic duct had been lacerated, that the pancreatic fluid infiltrated the gland, and that the cyst formed at the expense of its parenchyma and by distention of its capsule. For the first two weeks after the injury, diarrhoea and vomiting were prominent symptoms, and were followed by the appearance of a round, smooth, fluctuating, and painless tumor, which, on admission to the hospital, was found to occupy nearly the whole epigastric and the entire left hypochondriac region. The cyst was exposed

by an oblique incision, five inches in length, made through the abdominal wall over its most prominent portion; the omentum, covering and slightly adherent to the cyst, was opened by an incision three inches long; the fluid was evacuated by cutting into the sac, and the edges of the incision were united to the parietal peritoneum, which had previously been stitched to the skin. Two large drainage-tubes were inserted, antiseptic dressings were applied, and the cure was complete in eight weeks.

The case of Dr. Senn is the sixth on record in which cysts of the pancreas have been subjected to operative interference. In 1881, Rokitsky attempted extirpation of the sac, but this was rendered impossible by the firm and numerous adhesions, and death ensued from purulent peritonitis. Nine months subsequently, Bozeman successfully removed a cyst, which, with its contents, weighed twenty-one pounds and a half. In the remaining four cases, in the hands, respectively, of Kulenkampff, Gussenbauer, Thiersch, and Senn, pancreatectomy was performed, and all of the patients recovered, one having a permanent fistula. From the deep situation of the pancreas, the shortness or absence of a pedicle, and the anatomical relations of the organ, extirpation is of doubtful propriety, while antiseptic incision appears to be a safe and efficient procedure, although it may subject the patient to the annoyance of a persistent fistula.

THE TITLE OF DOCTOR.

In the *Medical Times and Gazette* for July 4 will be found described a scene at a medical book-club dinner in England, wherein the *dramatis persone* are Stavesacre, a brand-new Brussels M. D., Cowhage, a M. R. C. S., L. S. A., and Broom, an M. D., Cantab. Stavesacre, who had previously been a licensed practitioner, but not an M. D., had yielded to the pressure of various kinds which has resulted of late years in a passion on the part of certain English practitioners for a right to use the doctor's title rather than that of Mr., had "run over" to Brussels and secured the M. D.,—after how long residence is not stated. The conversation is upon this event in the life of Stavesacre, who admits that his old diplomas were as good as half the M. D.'s about, but "the public somehow thinks otherwise." Further, according to Stavesacre, it is less "shoppy;" "a plain Mr. on a doorplate may be a piano-tuner for all the world knows," and "besides it is very convenient to be called doctor."

Broom, the Cambridge doctor, who has won his title by hard work, thinks on the other hand that the "Dr." is the more shoppy title; and that you can never shake it off. He detests advertising his business, and having always the look of "touting" for patients. Besides, the more one respects the title

of "Dr." and what it ought to imply, the more one hesitates as to one's worthiness of it.

Cowhage complains of the M.D. as a "conventional and accidental standard of superiority." A young man, whose father happens to have more money than another's, is sent to a school where he can get a title, and may not be a whit more worthy to be called Dr. than half a dozen others. "It is monstrously unfair," says Cowhage.

But Broom again charges his friends with wrangling about the shells and letting the oysters drop. Those patients that choose the doctor by his doorplate are infinitesimally few, and little worth having. The best patients are those who judge the pudding by the taste, and not by the elegance of its recipe, who come to you because of the good report their friends give of you, and not because of any university *imprimatur*. "No," he says, "let us stand on our own bottom, and despise such fortuitous and rickety elevations as diplomas and degrees. If we work so as to win confidence in our own efficiency, throwing off all pretence to be what we are not, why then we shall earn, not perhaps fame and fortune, but our own and others respect, which, considering all things, is the best reward that a poor practitioner can look for."

To any one who, without prejudice, examines all sides of this question, it is evident there is some truth in what each one of these medical men says. But it seems to us plain, also, that the Cambridge doctor has the best of the argument, and that he who follows the line of motive laid down by him will not only be the happier man, but ultimately the more successful physician in every sense of the word.

We desire, particularly at this time, to call the attention of our British cousins to this matter and these facts, because our own country is again becoming the focus towards which foreigners are turning their attention with a view to obtaining the title of doctor. Few as yet have forgotten the smirching which the American degree received some years ago by the wholesale issue of bogus diplomas on this side of the Atlantic, diplomas which were boldly sold in England and Scotland, in France, Germany, and Italy. We are in a position to know that many of these diplomas were bought by foreigners in good faith—that is, they thought they were obtaining them from respectable institutions.

Recently, we say, there is again a disposition to look to America for easily obtained doctors' titles. Many of these applications come from honest intentioned men, some of whom are willing to pass an examination, but few are willing to attend the single course of instruction which is alone required by the colleges of this country to make the regularly licensed practitioner of Great Britain eligible to examination for the degree. Unfortunately, too, we note that

two or three American colleges which lay claim to respectability, are bidding, as it were, for candidates of this kind by advertising their short courses in the English journals, and we are aware of at least one instance in which a degree was conferred by one of our western colleges upon an English licentiate without attendance, but on examination only. Let them beware. They are treading upon dangerous ground.

INCEST AND IDIOCY.

THE results of recent investigation only go to confirm those of a less modern date in showing that the history of *Cedipus Coloneus* does not represent the type of the offspring of incestuous marriages. *Cedipus*, one of the most unfortunate of mortals, who unwittingly slew his father, and became partner of his own mother's bed, had sons and daughters who were perfect in intellect and in body. One of the daughters, indeed, must be regarded as showing a nobleness of character and life, and a loftiness and heroic resoluteness of purpose almost unequalled by any woman of ancient or modern times. As *Penelope* stands forth the Greek type of wifely love and fidelity, so does *Antigone* represent a daughter's fearless devotion to her unhappy father, and a sister's to a brother.

But according to *Legrand du Saule's* recent investigations, as published in the *Journal D'Accouchements* of June 30th, the children of incest are peculiarly liable to mental or physical defect, or to disease. He gives seven illustrations, five of which we will briefly state.

A girl nineteen years of age had been the mistress of her father for three years, and by him she had three children, two of whom died early from convulsions, while the third had clubfoot.

A girl sixteen years of age, was deflowered at thirteen by a brother; this brother left to become a soldier, and she then had sexual intercourse with a younger brother, seventeen years old, and from this relation she gave birth to an idiot child.

A woman thirty-three years of age, insisted upon being the mistress of her son, who was nineteen years old; the offspring of this unnatural association was an idiot.

In another instance a woman thirty-nine years old, but still beautiful and of high social position, had a son nineteen years old, whom she regarded as an *Apollo*. She became his mistress, and gave birth to a child that died of convulsions in the third year.

A father debauched his daughter of fifteen years; he found her pregnant after a time, and hung himself; four months after his suicide, she gave birth to a child which lived and was an idiot.

These facts are of very great interest in mental pathology, and they likewise have their moral lesson. They tell us that there are laws which cannot be violated with impunity, and that the vengeance falls

upon the offspring of incestuous relations, the sins of the fathers and mothers visited upon the children. The Eumenides of Greek tragedy no longer walk the earth; they were the dark shadows of eternal, immutable, omnipotent law which is now recognized, but not yet fully comprehended.

HYDATID DISEASE AT THE PATHOLOGICAL SOCIETY.

It is a rare event at any Society to have such an exhibit of cases of hydatid disease as that at the Pathological Society of Philadelphia at its last meeting, on June 25th. In the first place, Prof. Osler exhibited, under the microscope, hydatids found in the urine of a case of hydatid disease of the kidney, the cysts from which are passed periodically and coincidentally with symptoms of nephritic colic and a sense of fulness in the region of the kidney. It is believed that this is the only case of hydatid disease of the kidney which has ever been reported as occurring in American practice.

Next, Dr. Longstreth exhibited six specimens of hydatid disease, all of unusual interest. The first was one of hydatid cyst of the liver, with resulting obstruction of the common bile-duct, associated, during life, with attacks of biliary colic of so peculiar a character that it was at least concluded that they were not due to gall stones. The second was a case of hydatid disease of the liver, with hydatid cyst of the pelvis, which during life pushed up the bladder in such a way that its cavity could not be reached by the longest catheter in use. The third and fourth were also cases of hydatids of the liver. The fifth and sixth were instances of hydatid disease of the brain, in one of which the cyst, probably half an inch in diameter, lay in the longitudinal fissure. The other was a brain in which were two hydatid cysts.

A very interesting fact in connection with these specimens, all of which belong to the Museum of the Pennsylvania Hospital, is that five out of the six were from foreigners, two being Frenchmen, two Italians, one a Portuguese, and one a colored woman. The question of the possible occurrence of this form of disease in native-born Americans was, however, settled by the fact that the patient from whom Dr. Osler's specimen came, although an Englishman, had lived thirty-five years in America; and one of Dr. Longstreth's was a colored woman, native to the country.

The undoubted rarity of the disease on this side of the Atlantic, well shown by Prof. Osler's statistics, published in the *American Journal of the Medical Sciences* for October, 1882, can only be ascribed to the less intimate relation of our people with dogs, which are the natural habitat of the *tænia echinococcus*, the parent of the echinococcus cyst. It is interesting, also, to note that two of the Frenchmen were dog fanciers, one having been in

the habit of biting off the ears and tails of dogs he was raising.

THE NON-INJURIOUS EFFECT OF ANTIPYRINE IN PREGNANCY.

CHIARA, *Annali di Ostetricia*, gave to a woman in the ninth month of pregnancy, who was attacked with pneumonia, antipyrine. A remarkable reduction of temperature followed, but premature labor came on.

The question naturally arose as to whether the antipyrine brought on labor, and, to settle the matter as to whether this medicine has any oxytocic power, he gave sixty grains of it, in divided doses, to twelve pregnant women, seven of them not yet in the ninth month; the others near the period of labor. In none was any injurious result observed, the pregnancy being undisturbed. So far, therefore, from attributing any unfavorable influence to antipyrine given in pregnancy, Chiara regards it as having a favorable influence, for, by the reduction of temperature it effects, the occurrence of premature labor, of which pyrexia is so frequently the cause, is prevented.

REVIEWS.

A SYSTEM OF MEDICINE, BY AMERICAN AUTHORS. Edited by WILLIAM PEPPER, M.D., LL.D., Provost and Professor of Medicine and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume II. Pp. 1312. Philadelphia: Lea Brothers & Co., 1885.

THE second volume of this great work has been issued promptly and fully bears out the promise of the first. The general diseases are brought to a conclusion and the remainder of the volume is occupied with "Diseases of the Digestive System." Thirty-eight articles are contributed by twenty-two authors against thirty-two by twenty-one authors in volume one. It is to be hoped that the increase in bulk will not be progressive as the work goes on; the limit of convenience as regards size has been reached.

The volume opens with an able and carefully prepared consideration of rheumatism and rheumatoid affections, from the pen of Dr. R. Palmer Howard, of Montreal. Gout, by Dr. W. H. Draper, of New York, follows naturally. We should like to have had from the author a more positive expression of opinion as to the prevalence of the disease in this country. Rachitis, by Dr. Jacobi, of New York, and Scurvy, by Dr. Wales, are exhaustive articles by men of extensive experience and wide reading. Dr. Tyson, of Philadelphia, writes upon Diabetes, a disease with which his name has long been associated as a worker in its clinical and pathological aspects. Dr. Lynch, of Baltimore, writes the article on Scrofula. It is a pity that the numerous recent researches which go far to show the identity of tuberculosis and scrofulous affections, could not have been

incorporated. Hereditary Syphilis is considered by Dr. J. William White, in an elaborate and critical article of over sixty pages.

The Diseases of the Digestive System occupy the remainder of the volume. The editor might have cut down with advantage the articles on the orifices, so fully dealt with in the surgical systems; fifty-six pages on the Mouth and Tongue, by Dr. Cohen, of Philadelphia, and forty-three on Anus and Rectum, by Dr. T. G. Morton, and Dr. H. M. Wetherill, of Philadelphia. Dr. Cohen also writes the Sections on Diseases of the Pharynx and Esophagus; and it is superfluous to say that they are well written. The articles on Functional and Inflammatory Affections of the Stomach are from the pen of Dr. Armor, of Brooklyn. The other diseases of the stomach—ulcer, cancer, etc., are considered by Professor W. H. Welch, of Johns Hopkins University, in a series of papers which exhaust the subjects and will be for many years to come the standard work of reference on these important topics. The articles on Diseases of the Intestines occupy over three hundred pages, and are contributed by W. W. Johnston, of Washington; J. T. Whittaker, of Cincinnati; J. Lewis Smith, of New York; Philip S. Wales, of Washington; Hunter McGuire, of Richmond; Joseph Leidy, and I. Edmondson Atkinson, of Baltimore. Dr. Bartholow takes the entire subject of Diseases of the Liver. The Assistant Editor, Dr. Starr, deals with the Diseases of the Pancreas. Dr. Alonzo Clark, of New York, contributes the article on Peritonitis; no one else in the country could have done it so well, or so appropriately, as the man to whom we owe the opium treatment of the disease. The volume concludes with an article on Tabes Mesenterica, by Dr. Busey, of Washington.

An extraordinary index accompanies the volume; one hundred and eighteen pages! bewildering in its fulness, and much of it superfluous.

The third volume, we understand, will be ready by the first of October, and the work will be completed early next year.

MATERIA MEDICA AND THERAPEUTICS; AN INTRODUCTION TO THE RATIONAL TREATMENT OF DISEASE. By J. MITCHELL BRUCE, M.A. Aberd., M.D. Lond.; Fellow of the Royal College of Physicians; Physician and Lecturer on Materia Medica and Therapeutics, Charing Cross Hospital; Assistant Physician to the Hospital for Consumption, Brompton. 16mo. pp. 547. Philadelphia: Henry C. Lea's Son & Co., 1884.

THIS volume is another of the excellent series of student's manuals, and is so full of information that the first year's student is charitably advised to confine his attention to the materia medica proper, and under the action and uses of the drugs, to read only those portions printed in thick type. As stated in the preface, it is therapeutical in its scope, and intended to be a rational guide to the student and practitioner of medicine in the treatment of disease. The antiquated method of classifying medicines in accordance with their effect upon the human system, is discarded in favor of a natural arrangement, in which articles of the inorganic materia medica are comprised in groups of metals, acids, alkalies, and so forth; whilst the two divisions of drugs from

the vegetable and from the animal kingdoms, constitute the organic materia medica. The author attaches importance to his plan of systematically tracing the physiological action and uses of the different drugs in their passage through the body, from their first contact with it locally, until they are eliminated in the various secretions. He urges that his innovation of discussing the action and uses of remedies under the heads of the physiological systems of the body such as the digestive, the respiratory, etc., aids in conducting the pupil from facts with which he is familiar to the great principles of treatment. Whilst the value of this volume to American students will be somewhat diminished by the fact that it is intended chiefly as a commentary upon medicines official in the *British Pharmacopœia*, we can cordially recommend it to those of our readers who desire to be fully informed upon the opinions held abroad as well as at home, in regard to the many unsettled problems of therapeutics.

SOCIETY PROCEEDINGS.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated Meeting June 25, 1885.

THE PRESIDENT, E. O. SHAKESPEARE, M.D.,
IN THE CHAIR.

DR. WM. OSLER exhibited for DR. McLAREN, of Paisley, Ontario, some specimens, which he had sent him, of

HYDATIDS PASSED WITH THE URINE,

with the following history, dated April 13, 1885. The patient, Geo. S., aged 58, an Englishman, resident of Ontario for thirty-five years, at present a farmer, but formerly a butcher for fifteen years. Always enjoyed good health until about four years ago, when he had a severe attack of nephritic colic on the right side, lasting only a short time and quickly relieved. Had no further trouble until two years afterwards, when a similar attack occurred, confining him to bed for several weeks; some days he was better, but always worse on exertion. After a period of improvement for several weeks, during which time he was able to attend to his farm duties, he felt pain and uneasiness over the right kidney followed in a day or two by pain at the point of the penis, which continued for several hours and was relieved by the passage of gelatinous-looking masses in the urine. These bodies—hydatid—he has continued to pass at intervals of from two to four weeks. The discharge is always preceded by an uncomfortable feeling of fulness in the region of the kidney and pain or uneasy sensations at the penis. No tumor has at any time been discovered in the neighborhood of the kidney. With the exception of these attacks of pain and distress in the urinary organs, prior to the discharge of the hydatids, he enjoys good health. He lost no weight; appetite good; bowels regular.

The specimens, which were given to me for examination by Dr. Palmer Howard, of Montreal, consisted of ten or a dozen hydatid cysts, ranging in size from a pea to a grape, and contained in a small quantity of urine. They were evidently the daughter-cysts of a larger one which was in communication with the urinary

passages. Several of the cysts contained smaller ones (granddaughter-cysts). On examination of a drop of the urine in which they were, numerous hydatids and the characteristic hooklets could be seen.

Echinococcus of the kidney or urinary passages is very uncommon. Statistics show that the left organ is more frequently affected than the right. The points of interest in this case are: the long duration, the absence of evident tumor, and the excellent condition of the patient. Here is evidently a cyst of considerable size, possibly in the right kidney, and which bursts at times into the pelvis with the discharge of the hydatids.

In 1882 Dr. Osler reviewed the literature of American cases of echinococcus disease, and made inquiries of the curators of the principal museums, the result of which was the collection of sixty-one instances of the disease (*American Journal of the Medical Sciences*, October, 1882, page 475). In not one of these was the cyst in the kidney. Since that date six other cases have been reported, viz.: by Carson (cyst of liver), *St. Louis Courier of Medicine*, 1884; Schaeffer (liver), *Trans. Med. Soc. of State of Pennsylvania*, 1884; Wier (liver and mesentery), *New York Med. Journal*, 1885; Helm (cyst of liver, ruptured into intestine), *New England Med. Journal*, 1883-4; Welch (spleen), *THE MEDICAL NEWS*, Jan. 19, 1884, page 80.

DR. MORRIS LONGSTRETH then exhibited a series of six specimens of echinococci situated in various organs.

CORRESPONDENCE.

LANGEN-SCHWALBACH AS A HEALTH RESORT.

To the Editor of THE MEDICAL NEWS.

SIR: The name Schwalbach was formerly Schwalbenbach (Swallowbrook), and according to folks-lore is derived from the charming legend of a maiden whose life was saved by a young swallow, to which she had been kind, and which, with other swallows, brought her in nutshells water from a spring, the virtue of which the swallow had discovered when herself ill. The future husband of the young girl, in gratitude, built a house for the sick about the marvellous spring. The latter became famous. A town arose, and to this day its coat of arms is a swallow and a brook.

In order to reach Schwalbach (or Langen-Schwalbach) the visitor may go directly to Mayence from Paris, then to Wiesbaden, and thence drive in a carriage or go by an uncomfortable diligence. Or the route may be taken *via* Ostend, rail to Cologne (ten hours), and boat to Coblenz. Pass the night (a superb bit of Rhine scenery here) and go on next day by train to Eltville. The express boats do not stop at Eltville. The other boats are too slow. From this place take a carriage (ordered beforehand from Schwalbach by telegram). The way lies through Schlagenbad, another bathing resort to which many patients are sent for baths before taking the cure at Schwalbach. The waters at Schlagenbad are "indifferent," that is, they possess no especial chemical or mineral properties, but when warmed seem to exert a soothing influence and thus prepare "nervous" or hysterical patients for the powerful waters of Schwalbach, the effect of which is very decided. I do not

deem it necessary to spend any time at Schlagenbad (forty-five minutes from Schwalbach by carriage), but if patients are directed to do so, and especially if sensitive, they should not remain long, nor go out of doors after 5 P. M., except on very warm days, for the place lies in a deep valley, entirely shut in by hills very thickly wooded. The consequence is an atmosphere of extreme dampness.

Schwalbach lies upon three gentle hills, deep in a valley, formed by mountains of a moderate height, whose summits are crowned by superb forests. The springs lie 900 feet above sea-level. The air is pure and refreshing, and the temperature rarely exceeds 15° R. (63¼° F.) during the summer. The climate is healthful. Epidemics are unknown here, and there has never been recorded a single case of cholera. The average duration of the cure is six weeks, and I would advise patients to reach Schwalbach, at the latest, by the middle of June or the first of July. After the middle of August rains are frequent, and in the valley the dampness naturally soon becomes disagreeable to the delicate. Hotels are numerous, the best one being the Alleé-Saal, kept by Mr. Ernst Grebert, who is also banker for American letters of credit. It would be well to write him in advance, in order to secure sunny rooms. As a dependence he has a beautiful villa, which is very convenient for families. He will send breakfast and supper to the villa, but expects his guests to come to the hotel for the one o'clock dinner. There are also many pensions and furnished apartments which afford a more economical manner of living. The walks and drives about the place and vicinity are very charming, as are also, especially, the grounds of the bathing establishment. There is an excellent orchestra which gives three concerts daily. The Casino, a fine building belonging to the establishment, is the rendezvous in the evening. Here, concerts, balls, and various entertainments are given, and it includes a spacious reading-room in which may be found daily papers from every country. Circulating libraries are plentiful. The shops are very good.

Schwalbach is a quaint old town, straggling down the valley from the bathing section, which is very pretty and well arranged. For the privileges of the place, visitors, who remain longer than one week, are obliged to pay ten marks or two and one-half dollars. There are several springs which are used medicinally; only two need be mentioned. If one of the others is indicated, the resident physicians, Grebert (brother of the proprietor of the hotel, and a very skilful and agreeable gentleman), Genth, and Frickhoeffer, will give the proper directions.

The two springs at Schwalbach which are in common use are the Weinbrunnen and the Stahlbrunnen. Of these the former probably is sufficient for the majority of patients. As will be seen by the following analysis.

	Free carbonic acid in one pound of water.	Bicarb. of protox. iron in one pound.	Bicarb. salts.
	Cubic inches.	Grains.	Grains.
Stahlbrunnen .	50.27	0.643	4.660
Weinbrunnen .	45.6	0.443	11.967

In this analysis I give merely the active ingredients, the Stahlbrunnen is richer in free carbonic acid and iron salts and consequently too strong for many persons:

There are but three known springs which contain more iron than the Stahlbrunnen. As to the proportion of carbonic acid gas, the latter is the most powerful of all known iron springs. The effects of the iron and carbonic acid gas are too stimulating to be borne with impunity by very delicate patients until toleration has been established. And here it should be said, that American women cannot bear the strength of water which seems to agree perfectly with the Germans. Patients should, therefore, be advised not to begin with the degree of strength of drinking water, nor remain in the baths for the length of time, which will probably be recommended by the resident physician. Moreover, the temperature of the bath at first should be warmer than is the rule.

I had the fortune to be able to watch the effects of these waters upon twelve or fifteen patients, who were under my immediate supervision. Two of them were so powerfully affected, even by diluted drinking-water and weak baths, that it became necessary for them to abandon both. This, however, is exceptional.

The Schwalbach waters are extremely beneficial in the cases for which they are indicated. Notwithstanding the relatively small proportion of iron, anæmia is often very rapidly relieved by the drinking water, which is quickly digested and assimilated. The large proportion of carbonic acid gas renders the water very stimulating, whether used internally or externally. The appetite is rapidly restored, the color returns to the face, the general strength increases daily, morbidness vanishes, the mind becomes tranquillized, chill and tendency to "take cold" disappear. In many cases this improvement is surprisingly rapid and the cure becomes what the Germans are fond of terming "brilliant." The cure is carefully systemized, the water being drunk, and the baths taken, at certain fixed hours.

Patients begin with the Weinbrunnen and after a stated period of three to four weeks, some are ordered to change to the Stahlbrunnen, but, as already remarked, the Weinbrunnen is sufficiently strong for Americans. A patient brings her glass and drinking tube (I say her, for the patients are nearly all ladies), takes them to the Weinbrunnen which flows into stone tanks beneath a pretty, open building, or rather a roof supported by posts, and there the women who dispense the water attach to the glass a number which the patient must bear in mind. At first only one-half the glassful should be taken, the quantity being gradually increased as directed by the physician. Everybody walks while slowly drinking through the tube, and the sight of scores of persons imbibing the water during a promenade is very comical. The drinking is repeated once or twice during the day. Diet is carefully regulated, especially salad and fruit being strictly forbidden.

The baths are conveniently arranged in a long two-story building which contains ninety-three chambers. Bath tickets (none being required for drinking) are bought by the package, and the name and hour of each patient are carefully recorded so that at the hour the bath is always in readiness. A steam whistle upon the bath-house is blown every hour, thus giving notice to

those who bathe at that hour. The water is heated by steam, which is turned on a few minutes before the bath is taken, the attendant regulating the temperature with care according to the directions of the physician, who will suggest 25° or 26° R., or 88° or 90° F. This, I believe, is not sufficiently warm for the first bath, 29½° R. being only blood-heat. The temperature may gradually be lowered in later baths. The patient sits upon a wooden stool weighted with lead. A cover is put upon the tub to preserve the carbonic acid gas, to protect the lungs of the patient, and to avoid loss of heat. The local physician will direct the patient to remain in the first bath ten minutes and gradually to increase the duration of subsequent baths to twenty minutes. None of my patients, all of whom were Americans, could endure this length of stay without distress and not one of them was allowed, even in the later baths, to exceed eight minutes.

German women seem to be made of different material. They can drink more water and remain in the bath far longer than our countrywomen. A heated linen sheet and towels are provided for drying purposes after the bath and if requested the attendant will dry the patient. Very delicate invalids should not at first use water of full strength either for bathing or drinking. In the bath-houses are special chambers for the diluted bath and near the spring is a jar filled with ordinary water for the purpose of weakening the iron water. The baths are now so arranged that the water will not stain the clothing, as it formerly did, with iron rust. After the bath the patient goes to her lodging and rests upon the bed for at least one hour.

At first the effect of the bath is enervating, notwithstanding that for two hours after leaving the bath the skin is in a condition of great stimulation. Perspiration is common but disappears within an hour. The carbonic acid gas bubbles constantly during the bath and acts as a rubefacient. In case of weak heart the gas is frequently oppressive and gives the patient a sensation of weight upon the chest. Such cases should begin gently with diluted water, remaining in the bath only four or five minutes.

In order to meet the probable objection of the physician that such care is unnecessary, the patient should be furnished with a written request to this effect from her personal physician. One of my patients was the victim of a serious mitral affection, but by gentle and careful use of the water at first, she slowly advanced to water of full strength and was greatly helped by her stay in Schwalbach. It is sometimes the case that the water causes headache, vertigo, flushing of the face, and these sensations are experienced especially after a full meal. If the patient lie down the distress increases, while a short walk in the shade generally overcomes it. This effect of the water is not common. If toward the end of the cure these symptoms appear for the first time, it is an indication that the baths should be less frequent or discontinued. Constipation is rather frequent, and is regulated by the use of Hunyadi Janos or Friederichshall water. Exercise is urged upon all patients, and the daily promenade or donkey ride is gradually lengthened. No patient should bathe before breakfast. Many foreigners do this, but for American women it is unwise.

The cases which are benefited by the Schwalbach

waters may be briefly enumerated as follows: Anæmia; loss of nerve power: general muscular debility, including muscular tissue of the intestinal canal; chronic uterine catarrh; abortion; chlorosis; menorrhagia; relaxation and imperfect development of the uterus; prolapsus; sterility; dysmenorrhæa; metritis and all kindred affections; hysteria; hysterical paralysis; hyperæsthesia, and other similar nervous ailments.

The Schwalbach waters are not sufficiently known, nor are they prescribed by American physicians as frequently as they deserve. Their great value in the treatment of the nervous disorders which are so common among American women needs no further suggestion. The details I have given will I trust render it easy to send patients to these springs and likewise enable physicians to supply them with all necessary information. Living costs from \$1.75 to \$3.00 per day, according to circumstances. The expense of the baths is about fifty cents each.

HAMILTON OSGOOD, M.D.

THE DISINFECTION OF RAGS.

THE issue of the *New York Times* of July 7th, contained an article headed "Disinfection Unnecessary—Conclusions of the International Sanitary Conference of Rome." The author of this article, taking a report in the *British Medical Journal* as his authority, ventures to assume that the correspondent of the Philadelphia MEDICAL NEWS has "interpolated" a paragraph in his report upon disinfection. He says: "This paragraph appears in another form in a letter to a Philadelphia paper, written from Rome under date of June 3. The portion in parentheses is supposed to have been interpolated by the writer of the letter on his personal responsibility. The language used is as follows: 'Disinfection of merchandise and of the mails is unnecessary. (Steam under pressure is the only reliable agent for disinfection of rags—*les chiffons en gros*.)'"

In a letter published in *The Times* of July 11th, the subscriber officially denied that the correspondent of THE MEDICAL NEWS had interpolated the paragraph in parentheses, in the following language:

"This inference as to an unjustifiable interpolation is entirely without foundation. The report of the Committee on Disinfectants is correctly given by the correspondent of the Philadelphia journal referred to. The writer was a member of the Committee on Disinfectants which was constituted as follows: Sternberg, United States; Koch, Germany; Proust, France; Eck, Russia; Thorne-Thorne, England; Hoffmann, Austria; Semmola, Italy. There was no opposition to the paragraph relating to the disinfection of rags, either in the committee or in the Conference."

In *The Times*, of July 22d, there is a second article, not signed, in which the assertion is made that a gentleman interested in the importation of rags has received a cablegram from Dr. Robert Koch to the effect that the paragraph referring to the disinfection of rags does not appear in the report of the Committee. This has been copied in the *New York Medical Journal*, and it becomes necessary for the delegate from the United States to defend himself from the charge of having added to the official record of the Committee on Disinfectants, of which he was a member.

Either Dr. Koch is mistaken, or he has been misrepresented by the gentleman interested in the importation of rags, for the official record of the proceedings of the Conference contains the paragraph in parentheses which, it is alleged, has been "interpolated" by the correspondent of THE MEDICAL NEWS, upon his "personal responsibility."

Attached to this note is a copy of the report of the Committee on Disinfectants of the International Sanitary Conference of Rome; also a copy of the translation given by the correspondent of THE MEDICAL NEWS.¹ The writer submits that Article V., which contains the paragraph alleged to have been "interpolated," has been correctly translated by the correspondent of THE MEDICAL NEWS, and correctly quoted by the writer in his letter to *The Times* (July 11th.)

The printed copy of the report accompanying this circular was distributed to the members of the International Sanitary Conference at the Session of June 2d. It corresponds with the official record as given in *Procès Verbal*, No. 10, page 3; and in the *Relevé des Conclusions Adoptées*, page 16.

The truth of this statement may be verified by referring to the printed copies of the proceedings brought by the subscriber from Rome, and now on file in the office of the Hon. Secretary of State, and of the Surgeon-General U. S. Army.

GEO. W. STERNBERG,
Major and Surgeon, U.S.A.,
Delegate to the International Sanitary Conference
at Rome.

NEW INVENTIONS.

IMPROVED SPECTACLES FOR "FAR" AND "NEAR" MONOCULAR VISION.

BY R. R. GURLEY, M.D.,
OF BARNES'S HOSPITAL, WASHINGTON, D. C.

THE sides (with or without ear-hooks) rotate through three-quarters (instead of one-quarter) of a circle. The nose-piece is in the plane of the rims, not, as at present, at an angle to that plane. One side of the frame contains the "near," the other the "far" lens.

This saves the annoyance of two pairs of glasses, reversing being sufficient to change from "far" to "near" and *vice versa*. A little thought shows that if two cylinders are required, the angle of one must be the supplement of the usual angle, as the direction of vision is reversed. Practically, this frame is very convenient.

A NEW PHIMOSIS INSTRUMENT.

BY R. W. KNOX, M.D.,
OF HOUSTON, TEXAS.

THE attention of the profession is called to a new forceps that will be found of service in excision of the prepuce, and in some other operations where a tissue- or suture-forceps is needed. The cut represents the instrument so accurately that a description is hardly neces-

¹ It is unnecessary to reprint here these somewhat lengthy documents, which fully justify the statements made by Dr. Sternberg.—EDITOR.

sary. Each blade resembles a tuning-fork, having an open slit running through its middle for the last two



inches of its length, and when brought into contact with its fellow is fastened to any degree of tightness by a slide-catch in the handle. The advantage over the ordinary clamp is readily noticed, in that it is more easily fastened upon the part, and when fastened no tension upon the prepuce is necessary for its excision, the cut being made through the slits with a sharp-pointed bistoury. The mouse-toothed extremity makes it a tissue-forceps, and its advantage in steadying flaps for the introduction of sutures will be readily seen.

NEWS ITEMS.

PROVIDENCE.

(From our Special Correspondent.)

THE FISKE FUND PRIZES.—At the annual meeting of the Rhode Island Medical Society, held in Providence, June 11, 1885, the Committee on the Fiske Prize Fund, through Dr. Charles L. Parsons, Charman, reported as follows:

(1) For an essay bearing the motto, "Behold How Great a Matter a Little Fire Kindleth," and upon the subject, "The Present State of the Germ Theory," the sum of \$200 was awarded the writer, Dr. Charles V. Chapin, of Providence.

(2) For an essay bearing the motto, "*Quid nimum probat, nihil probat*," and upon the subject, "The Physiological and Pathological Effects of the Use of Tobacco," the sum of \$200 was awarded to the writer, Dr. Hobart Amory Hare, of Philadelphia, Pa.

The following subjects were then announced for the current year:

(1) "The Methods and Practical Results of Treatment of the Malarial Diseases now Prevalent in New England."

(2) "New and Altered Forms of Disease Due to the Advance of Civilization the Past Half Century."

For the best essay on either subject, worthy of a premium, the writer will receive the sum of \$200.

MORE RESIGNATIONS FROM THE NEW ORGANIZATION OF THE CONGRESS.—We are requested to state that Dr. H. N. Spencer, of St. Louis, declines to accept the Vice-Presidency of the Section of Otology, and that Drs. C. H. Mastin, of Mobile, and Harrison Allen and Morris Longstreth, of Philadelphia, also decline to accept the offices to which they have been appointed by the New Committee.

PROPOSED CHANGE IN THE MEMBERSHIP OF THE CONGRESS.—The following suggestion, we understand, has been forwarded to the New Committee on the Organization of the Congress:

Resolved, That the Council of the New York State Medical Association respectfully recommend to the Committee of Arrangements for the International Medical Congress the following modification of the rule by which the American membership of the Congress is to be constituted, to wit: That the American membership of the Congress be constituted of delegates who shall be entitled to participate in the business and scientific proceedings, and of members who shall be entitled to participate only in the scientific proceedings of the Congress; that the delegates may be appointed by the American Medical Association and by State and local organizations in affiliation therewith in the proportion of one delegate for every ten or fraction of ten members of the organizations thus represented; that members of the regular medical profession of the United States may become members of the Congress by registering their names as such and by taking out tickets of admission.—*New York Medical Journal*, July 18th.

In commenting on this proposed change in the rule of membership, *The Medical Record* says: "This is virtually no compromise, since no self-respecting physician would accept membership or do work under such conditions."

THE ALLEGHENY COUNTY MEDICAL SOCIETY AND THE INTERNATIONAL MEDICAL CONGRESS.—The Allegheny County Medical Society, at a meeting held in Pittsburg July 21, 1885, adopted the following resolutions, which were offered by J. B. Murdoch, M.D.

Whereas, The American Medical Association, at its recent meeting in New Orleans, saw fit to revise the action and annul the appointments of the original Committee appointed at Washington, to make arrangements for the Ninth International Congress; and

Whereas, The new Committee, at its recent meeting in Chicago, has made such changes in the arrangements for the Congress as in our opinion will mar its success and prove injurious to the interests of the medical profession as well as to the interests of the American Medical Association; therefore be it

Resolved, That the Allegheny County Medical Society disapprove of the recent action of the American Medical Association and its new Committee and respectfully recommends that the American Medical Association shall, at its next meeting in St. Louis, rescind its recent action and restore to the original Committee full power to make all the arrangements for the Ninth International Medical Congress.

Resolved, That the Secretary furnish a copy of the foregoing resolutions to the Secretary of the American Medical Association, and that he shall also furnish copies of the same to the *Journal of the American Medical Association* and to THE MEDICAL NEWS for publication.

PUBLIC OPINION ON THE CONGRESS ORGANIZATION.—The action of this Committee confirmed the gloomiest forebodings. The Committee chose as its officers men who, whatever may be their talents, had led the movement at New Orleans, and secured themselves in office. Many physicians who had accepted position in the Congress from the original Committee, despairing of the success of the undertaking in its new hands, determined to withdraw from the organization. Others, openly declaring they would not serve under such officers, also withdrew.

The meetings of the profession in Philadelphia, Boston, Baltimore, Washington, and Cincinnati, not to mention individual instances in other places, bear witness to the extent and earnestness of this feeling. Every day has brought fresh accessions to the list of those who decline to follow such leaders, and as the facts of this unfortunate business become more generally known, the list of those who distrust the leaders of the revolution inaugurated at New Orleans will grow apace.

Much was said at New Orleans and elsewhere about the Code question in connection with the Congress. Such gentlemen as have seen fit for reasons to withdraw from the Congress as at present organized, have been accused of being unfriendly to the Code, and supporters of the New Code.

Philadelphia was the birth-place of the Code. There it was engrafted on the Constitution of the American Medical Association, and first offered as the creed of the profession in the United States, and there if anywhere, is its spirit a living spirit, and does its letter carry the force of law. And yet Philadelphia physicians were the first to take up arms against the New Orleans movement. But the question of Code was not in their minds. They well knew how adroitly and with what effect it had been used at the National Association, but when they met to record their objection to the Congress passing into the hands of its present leaders, the Code was never once mentioned; it was not thought of. The motives which influenced them, the causes which led them to decline to accept office in the Congress under its new organization, were of another and very different kind. Among other reasons these gentlemen withdrew from the Congress because—and chiefly—they distrusted the new management, and because the profession at large had been denied representation in that body.

When Dr. Leidy and Dr. Agnew, Dr. DaCosta and Dr. Stillé, Dr. Horatio Wood and Dr. Gross, and Dr.

Parvin and their coadjutors met, their purpose was to withdraw from the Congress for the simple reason of distrust in its new management. They felt aggrieved at the behavior of the Association at New Orleans. They were dissatisfied with the action of the Committee at Chicago. And they went to record to this effect.

That the same feeling of distrust—not to use a stronger word—reaches to many other places, no observant man will deny. That it exists to such degree—that it exists at all, affords cause for the liveliest apprehension. That it will acquire such proportions as may lead the National Association to call a halt and undo some of the work it did in such unseemly haste at New Orleans, remains to be seen.

The conjuncture is certainly grave enough to make such action seasonable. And if wisdom united to courage and the charities direct and control the Association, it may still recover from the stab inflicted with its own hand at New Orleans, and bring the session of the International Congress in 1887 to a successful close. Otherwise the fate of the Association, no less than that of the Congress when it meets on American soil, is easily read.

The end of one will be disintegration and decay. That of the other will be mortifying failure. These are strong words, but sober withal.—*American Practitioner*.

The International Medical Congress, which is to convene in Washington, in 1887, it is to be feared will be a flat failure on account of the questions of medical politics and geography which have been raised by a few gentlemen who are anxious to play the rôle of Atlas to the medical world. Since the action of the committee at Chicago, scores of eminent physicians, whose names shed the brightest lustre on American medicine, living in Philadelphia, Boston, Baltimore, Louisville, and other large cities, have withdrawn and positively refuse to have anything to do with the matter. It now looks as though the Medical Congress will be like the play of Hamlet—with Hamlet left out.—*Indiana Medical Journal*.

The medical press, both in the United States and in England, has disapproved of the action of the American Medical Association in overthrowing the work of the Original Committee on the organization of the Congress. In fact, we are unable to mention at this time but one prominent journal which has sustained the Association in its course, and this is the journal owned by the Association and conducted solely in its interest. There seems to be no doubt in the minds of unbiased and disinterested observers that the Association has been drawn into a position wholly untenable and unwarranted, and that its action was not only unwise but revolutionary. It is also evident to those who wish to see things in their true light, that the Association was drawn into this muddle by the action of but comparatively few of its members, whose motives, for their part in this affair, were not of the most disinterested character. The present outlook for the Congress admits of but one opinion, which is this, that the Association has committed a serious blunder and has shown itself incapable of reorganizing or conducting the Congress under its auspices. It seems clearly the duty of the Association to resign this matter into the hands of the general profession. The Association has so completely forfeited the confidence of the best minds of the pro-

fession, and has so antagonized the medical press of the country, that it seems a mistaken policy for it to attempt to proceed with the work of reorganization. The new Committee entrusted with this matter finds itself embarrassed and restricted in its actions from every direction. Many of its appointees have declined to serve under its administration, and it will also find that as it attempts to fill vacancies other vacancies will occur.

To make a long story short, we much doubt whether many physicians with self-respect will consent to accept the gifts of this Committee second-hand. No man with proper feelings desires to be put in a false position and to accept honors already declined by others. Facts are stubborn realities, and the sooner the present Committee on the Reorganization of the Congress realizes the doleful part it has been called upon by the Association to play and refuses to perform this part, the better will it be for the Association, for the Congress, and for themselves. The resignation of this Committee will relieve the present embarrassment of the affairs of the Congress. It will then be possible for the Association to reorganize this work, or else to abandon quietly the scheme of holding the Congress under its auspices. The latter policy would seem to be the most advisable from the present point of view.—*Maryland Medical Journal*.

Notwithstanding the efforts to prevent the successful meeting of the Congress, it will convene, and the combined forces of all the discontented "tribes of the East" will not prevent it, and those who refuse to serve on the committees will find that their places will be filled by representative men, who will forget personalities for the sake of doing honor to the cause of medicine.

We would call the attention of our professional brethren across the Atlantic to the fact that we have about sixty millions of people on this side, and among them thousands of better men in the medical profession than those who seek to interfere with the proper organization of the International Medical Congress, which is to meet in Washington in 1887. The doctors from abroad may rest assured that they will meet with a hearty welcome at the Congress, and that their associates in that august body will consist of the most accomplished gentlemen in the United States, and that they will in no way be disappointed in their expectations.—*Medical Herald* (Louisville).

The arrogance with which a few members of the profession in the cities of Philadelphia, Baltimore, Washington, and Boston, assume to constitute not only the profession of those cities, but also the representatives of all the respectability and science of the profession in the United States—the bitterness with which they assail the American Medical Association—and the odium they attempt to cast upon the representatives from each State, chosen by the Association to constitute a part of the Committee on Organization of the Congress, through their chosen organs, make it necessary to analyze this seemingly heterogeneous mixture of arrogance, bitterness, and misrepresentation, to lay bare its true animus, that if any important mistakes have been made the medical world may see clearly what the mistakes were and who made them.—*The Journal of the American Medical Association*.

Those who have looked forward to taking part in the next International Medical Congress, and have counted perhaps on making personal experience of that friend-

liness and hospitality of which every English doctor who has yet crossed the Atlantic has brought back such golden report—yes, and not only those, but every practitioner to whom the reputation of his profession is dear—will have read with intense surprise, if not distress, the intelligence we published last week, that the Washington Congress is in imminent danger of falling through. We are sorry to announce that our worst anticipations are in process of realization. The leading practitioners of Philadelphia, many of whom were to hold high office in the Congress, according to the list distributed by Dr. Billings some months ago, met together on the 29th ultimo, and decided that, as the changes recently effected in the preliminary organization and rules for the International Medical Congress of 1887 "are inconsistent with the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress," they would decline "to hold any office whatsoever in connection with the said Congress as now proposed to be organized." This resolution was signed by thirty of the most distinguished practitioners in Philadelphia, including men like Weir Mitchell, Horatio Wood, Roberts Bartholow, Da Costa, Duhring, Goodell, Minis Hays, Leidy, Pepper, W. Osler, Stillé, Tyson, and Yandell. We hear that a similar movement is on foot in Boston, and that it is quite likely that the most distinguished practitioners in that hub of the universe will follow the lead of their Philadelphia *confères*. And as some of the leading New York men, including Dr. Jacobi and Dr. Lefferts, who were to have presided over sections, have already been deposed from their places as adherents of the New Code; while Dr. Bowditch, the most respected physician of Massachusetts, has been struck off the list of vice-presidents for his sympathy with that party, it must be admitted that the *New York Medical Journal* is probably right in describing the outlook for the Congress as "gloomy." We can only hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphia practitioners will rouse the mass of the profession in America to step in and to decide by overwhelming numbers before it is too late, that old controversies shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good-fellowship of the profession to which he belongs.

We do not wish, and we hope no one on this side the Atlantic will attempt, to revive the memories of the celebrated dispute on the Codes. We believe that the late Dr. Panum, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, that the Code question should not be raised; and we feel sure that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too, that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded, or had withdrawn, would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organization would rob its social distractions of all their charm. It would be like feasting with a man, while his

wife, unjustly divorced, stood in the street watching. We can assure our American readers that, in the present case, the best English sympathies will be with the wife. The men whom English visitors, if they go, will go to see and hear, are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers, but on quality. The profession in America is, no doubt, rich in numbers, as well as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board.—*London Medical Times*.

YELLOW FEVER AND CHOLERA.—The Marine Hospital Bureau is informed that up to July 16th there have been twenty-four cases and four deaths from yellow fever at Havana.

The United States Consul at Barcelona, Spain, makes a report to the Marine Hospital Bureau of the number of cases and deaths from cholera in the infected districts of Spain from the beginning of its appearance, March 4th, to July 4th. There were 28,044 cases and 12,347 deaths.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—Dr. F. Le Sieur Weir has resigned the Chair of Dermatology in this institution.

THE ALUMNI ASSOCIATION PRIZE OF THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—This prize, of five hundred dollars, is open to the competition of alumni of the College, and will be awarded in May next for the best essay showing original research upon some medical subject.

THE BERLIN UNIVERSITY HYGIENIC INSTITUTE.—PROFESSOR KOCH commenced, on the 1st of this month, a monthly course of lectures on Bacteriology in the University Hygienic Institute. The arrangements of this new institute, to which the building formerly occupied by the Polytechnicum has been assigned, are not quite completed, but some of the laboratories are so far fitted up that Professor Koch can now deliver courses to the University, similar, though on a more extensive scale, to those arranged last autumn and winter for civil and military medical men. Professor Koch's official connection with the Imperial Board of Health has now ceased. He will now devote himself as Professor of the University, and Director of the new Hygienic Institute, to bacteriological study in connection with hygiene.—*British Medical Journal*, July 4, 1885.

THE COLORING OF PICKLES WITH COPPER.—By virtue of the power conferred upon him by law, the Commissioner of Health of Brooklyn has declared the practice of coloring pickles with copper, in any form, to be dangerous and detrimental to the public health, and has prohibited the selling, or having for sale, in Brooklyn, of pickles so colored.

NOTES AND QUERIES.

THE INTERNATIONAL MEDICAL CONGRESS.

To the Editor of THE MEDICAL NEWS.

SIR: Without intending, in the least, to censure the action of the special committee of the American Medical Association, which

recently met at Chicago, I feel it to be incumbent upon me to resign the position which I hold as a member of the Council of Military and Naval Surgery and Medicine of the International Medical Congress, which was organized to assemble in Washington in 1887. The reasons which impel me to this step are: I was appointed to that position by the *Original Committee*, and as their action in organizing the Congress has been revised, and their appointments very largely annulled at the last meeting of the American Medical Association, I do not think I can, in justice to the committee from which I hold my appointment, longer continue my connection with the Congress as it is now organized. In withdrawing from the same, I now desire to state, as much as I oppose the action of what is known as the new Code party, and as heartily as I approve and endorse the Code of Ethics as adopted by the American Medical and American Surgical Associations, still I am thoroughly and entirely opposed to the introduction of any and all medico-political questions into the organization of purely scientific bodies such as the International Medical Congress. This furnishes another reason why I am unwilling to occupy any position which would seemingly indorse such action.

The Secretary-General, at whose hands I received my appointment, having resigned, and the gentleman selected to fill his vacancy declining to serve, leaves no one in position to whom I can address this communication. This must be my apology for intruding myself upon your journal.

I am, very respectfully,

C. H. MASTIN, M.D.

MOBILE, ALA., July 17, 1885.

PATHOLOGY OF THE LONDON HERBALIST.

"You know, sir, bad spirits means that the liver is out of order. The doctors gives you a deadly mineral pizen, which they calls blue pill, and it certainly do pizen 'em, but then you run the chance of being pizenized yerself. You've noticed the 'oles in a sheep's liver after it's cut up, 'aven't you? Well, them 'oles is caused by slugs, and 'uman bein's is infested just the same. So is awsiz (horses), but they don't never take no blue pill. Catch 'em! The doctors knows all about it, bless yer, but they don't talk so plain as me. I calls out-of-sort-ishness 'slugs in the liver,' and pizens 'em with three penn'orth of dandeloin tea, for which I charges thruppence. They calls it 'sluggishness of the liver,' and pizens 'em with a penn'orth of blue pill, for which they charges a guinea, and as often as not they pizens the patient too."—*London Crier*, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JULY 21 TO JULY 27, 1885.

BELL, JOS., H., *Major and Surgeon*.—Died at Yonkers, N.Y., July 21, 1885.

MCDUGALL, CHARLES, *Lieutenant-Colonel and Surgeon* (retired).—Died at Fairfield, Va., July 25, 1885.

STRONG, NORTON, *Captain and Assistant Surgeon*.—Ordered for temporary field duty with battalion Eighth Cavalry, at Hittsboro, New Mexico.—S. O. 34, *Headquarters District of New Mexico*, June 27, 1885.

EVERTS, EDWARD, *First Lieutenant and Assistant Surgeon*.—Ordered for duty as Post Surgeon, Benicia Barracks, California.—Par. 3, S. O. 70, *Department of California*, July 15, 1885.

WINN, C. K., *Captain and Assistant Surgeon*.—Ordered for duty at Benicia Arsenal, California.—Par. 3, S. O. 70, *Department of California*, July 15, 1885. (Modified par. 2, S. O. 63, S. O. *Department of California*.)

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked. Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 1004 Walnut Street, Philadelphia.